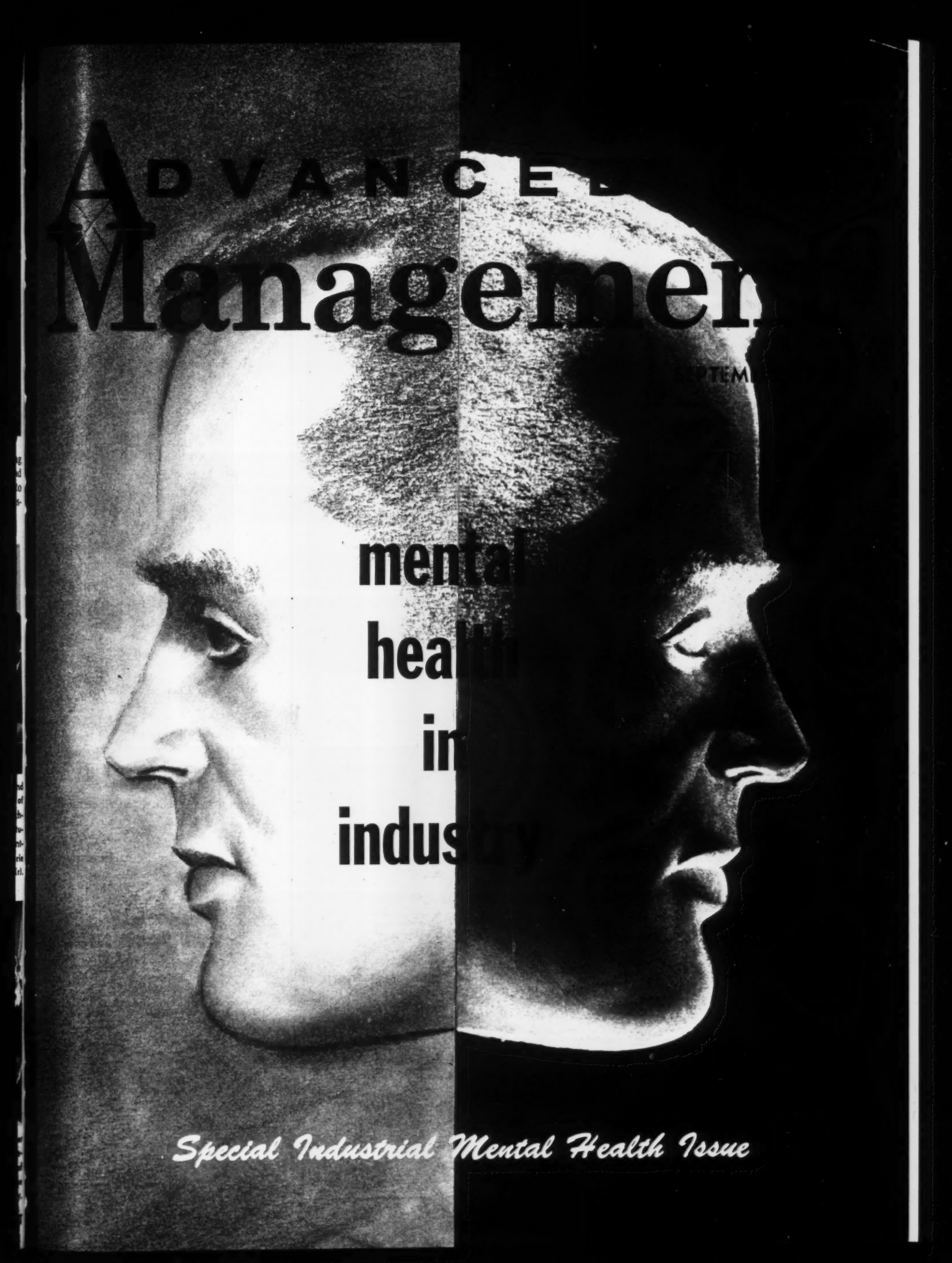
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EDITORIAL

Do Sick Men Become Executives?

SOMEONE has suggested that you don't have to be schizophrenic to be the President of a modern corporation, but it helps. Psychiatry has been the subject of much humor and the hard driving, compulsive type of executive is becoming an increasing subject of television, motion picture and literary stereotype. Yet, the facts cannot be brushed aside with laughter or ignored through indifference. The problems of emotional disturbance among people in management does not suggest they are more extensive than in other groups of the population, yet the impact of the manager on the lives of many other people makes the problem far more critical. When Dr. Francis Braceland of the Institute of Living, refers to the total impact of the executive personality on an organization, he points out that "emotional stability in any executive enhances the morale of his whole organization". The reverse is equally true.

Last November, in the Management Record of the National Industrial Conference Board, reference was made to the direct cost of mental illness to American business as being in excess of three billion dollars, but including indirect costs, it was more than four times that amount. Dr. Robert McMurray, writing in the Harvard Business Review last year, suggested that "Mental Illness is a reality of life. To deny its existence in a business organization is futile". He raises the following questions:

"How much productivity and operating efficiency has been irretrievably lost because of neurotic rivalries, resentments, within the business enterprise? How often has intra-organizational communications failed because the parties were so incompatible temperamentally that neither could accept a statement or an order from the other regardless of its logic or merit? How many slow-downs, sit-downs and overt strikes have had their causes in irrational thinking or behavior on the part of management, of supervision, of subordinates or of union representatives? How many businesses have failed, how many jobs have been lost forever because of managements who were incapable of realistic thinking, who resisted innovation and clung to the past, or who stubbornly adhered to manufacturing, pricing, or distribution policies which were patently unsound?"

Time Magazine in its May 30 issue adds,

"Psychiatrists believe that about one in four U. S. workers has a personality disturbance, ranging from anxiety and psychosomatic illnesses to the severe mental disorders, e.g., schizophrenia, that afflict an estimated 1% of the working force. Such disturbances, they contend, are the real causes of many of industry's most common employee difficulties: alcoholism, accidents, resistance to authority, high job turnover, shirking, chronic complaints. Emotional illness causes more absenteeism than any other illness except the common cold, and psychiatrists believe that 70% of all those fired for other reasons (fighting with the boss, sloppy work) are actually suffering from emotional disorders.

"To find ways to eliminate such troubles, mental health programs headed by full or part-time psychiatrists are operated by such companies as Eastman Kodak, Metropolitan Life Insurance, International Business Machines, Du Pont, New York Telephone Co., and American Cyanamid. Hundreds of other companies hire consulting psychologists to plumb their workers' difficulties. The number is still small compared with the total of corporations — partly because highly paid psychiatrists are difficult to attract to industry — but it is growing. U. S. Steel is about to set up a fulltime program, 'as a natural step in the development of a medical program,' and Bell Telephone Co. of Canada is considering one. Says Dr. Graham Taylor, consulting psychiatrist for two Montreal firms: 'Industrial psychiatry is at the threshold of a stage of expansion and development'."

Summarizing this trend, the New York Times, a few months ago, on its editorial page, offered this alternative:

"Business and industry can save large sums of money as well as aid the whole society by coming to grips with mental and emotional illness in our business world."

The combined cost to American business and industry of alcoholism, absenteeism, accidents, substandard production and labor-Management strife related to emotional and mental problems has been estimated in excess of three billion dollars annually. A major management responsibility is to become aware and to recognize the many facets involved in emotional health. Since the work life is frequently the major human relations activity in our lives, we need to discuss ways of taking positive action to improve and maintain the emotional health of ourselves and our employees.

To this end, a group of distinguished leaders in the field have contributed their ideas to provide one of the most unusual collections of articles ever assembled on the subject in a management publication; we trust it will provide some challenge and information to the reader.

H. A. S.

Meet the Authors

Dr. Menninger is President of The Menninger Foundation, Topeka, Kans., the largest training center for psychiatrists in the United States. It is the outgrowth of the famous family medical partnership, the Menninger Clinic, founded at Topeka, Kansas, in 1919 by his father and brother. A 1925 graduate of Cornell Medical College, Doctor Menninger has served as president of the American Psychiatric Association, the American Psychoanalytic Association, and the Group for the Advancement of Psychiatry. During World War II he served as the consultant in psychiatry to the Surgeon General of the Army, holding the rank of Brigadier General. He was awarded the Distinguished Service Medal and the French Legion of Honor. In addition, he has been the recipient of the Lasker Award and the U. S. Chamber of Commerce Award for "Great Living Americans."

Charles J. Zimmerman entered the Life insurance business in 1924 as executive manager of the New York Life Underwriters Association. Two years later he became an agent for the Connecticut Mutual Life Insurance Co. Throughout this period Mr. Zimmerman was very active in the National Association of Life Underwriters. In 1951 he was elected managing director of the Life Insurance Management Association. In 1956 Mr. Zimmerman returned to the Connecticut Mutual Life Insurance Company as President and a Director. He has been an Industrial Mental Health pioneer and through his efforts major programs have been undertaken in Connecticut and elsewhere. He was cited in the New York Times and Time Magazine this year for bringing the field of psychiatry and management closer together in the service of American Industry.

Dr. Henry Singer has served as assistant to the executive vice president of Remington Rand. In 1959, as consultant to the Connecticut Assn. of Mental Health he organized the Industrial Mental Health Conference in New Haven. He has been director of management development for the Hilton Hotel Corp. and advisor to the U. S. Mission to the Philippines, 1951-54. Between 1947-48 he worked with the famed psychiatrist, Dr. J. L. Moreno and produced the first motion picture on psychodrama and role playing.

Dr. Robert Turfboer, senior resident, Department of Psychiatry, Yale University School of Medicine, is a graduate of the University of Grotingen Medical School in his native Holland. After 4 years of private practice, Dr. Turfboer went to the island of Aruba in the Netherlands West Indies as an industrial physician for Standard Oil of New Jersey. He came to this country in 1957 as Psychiatric Resident for the New Jersey Neuro-Psychiatric Institute at Princeton and in 1958 became associated with the Yale University School of Medicine.

Dr. Alan McLean is psychiatric consultant for the International Business Machines Corp. In addition, he is on the staff of New York Hospital and a faculty member of Cornell University Medical College. His previous professional experience includes positions as psychiatric consultant to the New York Telephone Co., American Cyanamid Co., and the General Electric Co. Dr. McLean recently addressed the SAM Cincinnati Chapter on the subject of Mental Health and the Business Executive. Together with Dr. G. C. Taylor of McGill he has authored, "Mental Health In Industry."

Dr. Robert N. McMurry, president of the McMurry Company, Chicago, is a nationally known authority in personnel administration, industrial relations and market research. He started to work at the age of 14 for Armour and Co. and had varied early experience in selling and business administration. Completing undergraduate work at the University of Chicago, he was sent to the University of Vienna on a Carnegie Scholarship where he received his Ph.D. in psychology in 1934. Since 1943 he has acted as president of his own firm.

Dr. Norman Plummer, medical director of the New York Telephone Co., is a graduate of the University of California and Cornell Medical School. After his internship, Dr. Plummer, for a number of years, carried out research work at Bellevue Hospital. He also served as Assistant Administrator of the Army Epidemiological Board. In addition to holding the post of Medical Director of the New York Telephone Company, Dr. Plummer is Assistant Attending Physician at the New York Hospital.

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MANAGEMENT'S ROLE IN MENTAL HEALTH

By CHARLES J. ZIMMERMAN
President
Connecticut Mutual Life Insurance Co.

I WANT TO TELL YOU a story about a man in our Company.

Let's call him John Jones — and the events I want to relate began a little over two years ago.

John was 38 years old. He had joined the Company as a lad of 18 and had worked his way to become a key member of one of our large departments.

But something was wrong with John. He wasn't acting his genial self. He seemed anxious most of the time and not able to concentrate on his work. As a matter of fact, with increasing frequency he was failing to show up for work.

His co-workers first noticed these changes in John. His supervisor spoke to the department head and together they tried to find out what was wrong. But they got nowhere.

Finally, John was persuaded to see the Company physician. After a visit or two, the suggestion was made that John consult with an outside doctor — a psychiatrist. John agreed — and that was the beginning of a long series of treatment.

The first step was to see whether he could stay on his job while visiting the psychiatrist a number of times each week.

But as the patient and doctor explored John's emotional background, the anxiety level rose and rose . . . until we realized it would be necessary to let John stay home, rather than trying to deal with his job and the exploration of his anxiety at the same time.

When this decision was made, we created a job opening for his wife in another department. Thus, after John's normal sick leave was up, the family's income was not cut off completely.

At one point, John had been in and out of psychiatric hospitals several times and he seemed so incapacitated it just didn't seem possible he could ever return to work. The psychiatrist recommended we put John on "total disability."

Months later, however, the doctor did begin to report progress. When over nine months had gone by, he phoned to say he would like to send John back to work on trial.

Meanwhile, we had been taking some action inside the company — some very important action, I came to find out.

When this man broke down, the impact was terrific on his immediate associates, his supervisor and department head in paritcular. They were asking themselves:

Have our methods been right in handling this man?

Are we doing things that are going to cause other men to break down?

How should we treat this man if he ever comes back to work?

How should we choose and handle the man who must replace John?

Feelings of doubt — insecurity — perhaps even guilt — had to be put on the table. Our medical people tell me they

spent *more time with John Jones' co-workers* than with John himself. They had to reassure these people — and talk through the problem — without, of course, divulging confidential medical information.

When the doctor said John could come back, we found ourselves in a quandary. It had been necessary to fill John's old job.

Now where could we place this man who had served us well for 20 years? We decided the worst thing we could do would be to just let him fill in somewhere. Wasn't there some new opportunity that would challenge him? And is it not any company's sound duty to make every effort to see that the best possible solution is found in a case like this?

Fortunately, we found just the right challenge for John in the new field of electronics. His background made him ideally suited for one position in particular.

So he came back to work — to a new job and a new opportunity — and one in line with his capabilities. For the first year, we paid him on an hourly basis, and during that time he lost only a day or so with colds. Today John is on full-time salary status.

To summarize what happened:

1) Management recognized its responsibility to the employee who was emotionally disturbed.

2) Management took a personal interest in the employee and persuaded him to see an outside doctor.

3) The company's regular sick leave benefits covered absence from work due to emotional disturbance.

4) Additional help was provided for the family when the Company created a job for the patient's wife.

5) Recognizing that other employees were affected by this man's breakdown, management counseled with them.

6) On recovery, special efforts were made to relocate this man and to restore full job status.

Without question, patience and understanding on the part of many people saved a valuable man for our Company. More important, a valuable man was saved for himself — his family — and society!

I could tell other stories like this one, and I am sure you could, too. Unfortunately, all of us could tell many more stories — but with not so happy an ending.

What is management's role and responsibility for the mental health of its employees?

We read much today about "executive tensions." Yet executives have no corner on tensions.

We know that the employee who has an emotional problem of proportions enough to interfere with his output (whether he be janitor or vice president) can have a detrimental effect on our total business operation!

This person becomes a drag on the operation. He fails to do his best work and he may affect the work of others. If the problem becomes so acute that we lose him altogether, we have to obtain and train a replacement.

So in our own *self-interest* as managers, it is imperative that we keep the mental health of our people high — just as it is imperative that their physical health be high.

Dr. Donnelly has suggested that at least 65% of all dismissals are not because the employee is technically inadequate — but because he is emotionally inadequate! When people are absent from work, we are beginning to discover, the cause is often likely to be psychological rather than physical.

Management can help to lick industry's mental health problem by:

- ***Establishing joint business and medical committees to study the problems of mental illness***
- ***Forming inter-company groups to employ and use the services of full-time psychiatrists***
- ***Opening business-supported mental health centers for employees of supporting companies***

Management Must Assume Responsibilities

Quite apart from our self-interest, however, I suggest we are concerned with the mental health of each employee because we have a responsibility to him, not only as an employee, but as a human being, as well. In effect, who asked each employee to spend the major part of his productive time working for us? We did. Must we not be willing to

assume the responsibilities that go along with his acceptance of our offer?

You remember the old chestnut: "A day's pay for a day's work." Today this is hardly enough.

Men, far more than women, are "work oriented." A man spends so much of his time on the job that the work he does and the environment he does it in have a *major bearing* on his emotions, his outlook, his whole state of mental health.

If one of our employees has an emotional problem (and we all have more than one who does), how can we absolve

ourselves of at least *a share* of the blame for that problem — and a large share of the responsibility for solving it?

Now if we accept this responsibility as a rightful part of management's role, what is our best approach? Should it be a "collective approach" through elaborate mass programs of human relations, communication, and fringe benefits? These are needed, of course. However, I suggest that the collective approach alone is not going to do the job. What is needed today is the INDIVIDUAL approach.

The only way we can hope to conquer the problem of mental health among workers in industry is to provide tailor-made treatment for each John Jones — *as an individual*. We need to have the machinery that will enable us to help each individual, as an individual. Moreover, we need to consider the *environment* we are providing for each individual.

It has been estimated that 80% of mental health problems stem from conditions *outside* the business. Yet the experts tell us that these problems are "touched off" by conditions on the job. Our management responsibility is to find out what these irritating conditions are and, insofar as possible, try to remove, or lessen them.

For example, one company (whose name you would recognize if I gave it) was plagued with a very high accident rate. Investigation suggested that the cause was a rigid policy of firing a man after only one accident. A more moderate safety policy was developed to reduce tensions among employees — and the accident rate fell. The *rigid* policy on accidents was self-defeating because it created a morale problem.

In attacking this whole problem, how do we start? I think we have to start with ourselves. If we hope to comprehend other people's problems, we must first comprehend ourselves.

This means management must be able to face up to its own "blind spots." It isn't easy to do . . . but I suggest that each one of us can do more to develop his powers of self analysis and insight. Sometimes we may profit from the outside help of a professional who can provide an objective appraisal of our situation.

More than anything else, management today needs to be genuinely interested in the well being of each employee as an individual — not just the well being of employees as a group. And so we might ask ourselves:

- Are we super experts at the technique of brushing people off?
- Do we tend to settle for superficial solutions to human problems?
- Do we have the genuine interest in each man's problem that can bring about a genuine solution?

Dr. Will Menninger of the well known Menninger Foundation has said: "The most important therapeutic tool we have is our own personalities." And he was referring to the business manager, as well as the psychiatrist.

In the second place, must we not ourselves understand the problem? Must we not know the factors and conditions in a business organization that can contribute to mental illness? Actually, the purpose of today's program is to acquaint each of us with many of these factors — their causes — and, hopefully, their cures.

Of course, the chief executive cannot do the job alone. So, in the third place, I suggest that our role is to educate our supervisory people in all phases of this problem.

Here is a job for the professional. As you know, many companies bring in a psychiatrist to conduct regular sessions with supervisory and management personnel. In this way, management people up and down the line become aware of the more personal role each can play in solving mental health problems. They learn how to identify the disturbed worker. They also learn what top management's policy is for dealing with each case. Thus when the situation confronts them, they know what to do!

Finally, we must be prepared to set up the machinery necessary to provide help for employees who need it. We cannot become "lay analysts" ourselves, complete with couch, but we can set up the machinery to do the job.

One of our principal purposes in setting up this machinery is to be able to identify the really disturbed individual early enough so there is a good chance treatment will restore his full value to the organization — as well as to himself.

One possibility is to employ a company psychiatrist. At the moment, I believe, only a handful of firms have a psy-

chiatrist on the staff, among them, IBM, American Cyanamid, DuPont, and Metropolitan Life.

Perhaps this step is feasible only for the very large organizations, but I predict that within the next five years, we will see many more companies taking this step.

Some of us may feel the cost would be too great. I wonder. We all know the salary of a full-time psychiatrist is high. But I wonder if the value of the people he may save for us may not be many times higher.

Whatever a company's investment in psychiatric counsel for experienced personnel the cost must be weighed against the cost of hiring and training new employees. I am told that Socony Mobil, for example, spends more than a million dollars to keep the average technical graduate at work during a 40-year career!

Another possibility is to retain the part-time services of an outside psychiatrist, perhaps on a consulting basis. I know of several companies doing this now, including General Electric, Caterpillar Tractor, Esso, Sperry Gyroscope, and Prudential.

Whether you or I ever take either of these steps, however, I suggest we can all profitably do one thing: We can charge a key member of our staff with the responsibility for developing and carrying out a comprehensive program.

Call it what you will, this key man would have at least a 3-way responsibility:

1) He would be alert to situations where an employee's output was being hampered — or his morale impaired — because of an emotional disturbance.

2) He would be available to counsel with a disturbed individual — or, more likely, with his supervisor. He would be in a position to recommend a course of action. If the recommendation is outside treatment, often the first step is with the employee's own personal physician — with the company footing the bill for the initial diagnostic interview.

3) He would continuously consider the environment that may be contributing to each of these situations. He would be in a position to recommend environmental changes.

Who can take on such an important task? If you have a medical staff, it may be one of your company doctors. If not, your personnel director may be the man. Or it may be the industrial or public relations director.

Of course such a man must be carefully selected — for you are placing a serious responsibility in his hands.

At Caterpillar Tractor management has the policy that permits a supervisor to give men a day's sick leave if they appear to be disturbed,—rather than have them work with expensive machinery when upset. In the long run, it seems to me, that kind of psychological first aid can pay off in higher production, fewer accidents, less absenteeism.

No program can succeed, no matter how modest, unless top management is 100% behind it. This may involve a change in some management policies and the institution of new and liberal practices. Unquestionably, it involves a general realization that the problems of mental illness require at least equal consideration with the problems of physical illness. For example, surely it is management's responsibility to see to it that the employee's major medical plan includes some provision for mental illness!

I think it is important to emphasize one point on which, I am reasonably sure, the professional people here will agree with me.

Psychiatrists today do not have all the answers. Great progress is being made, of course, but vast frontiers lie ahead. The point I want to make is that much of psychiatry's future progress may depend upon how far you and I and other businessmen are willing to go in cooperating.

The reason has long been apparent to psychiatrists — that mental illness cannot be treated successfully without delving into all of man's major social relationships, and especially his *work life*. This involves us.

Our major management responsibility, I submit, is first to recognize and appreciate the many facets involved in emotional health, then to take positive action to improve and maintain the emotional health of each of our employees.

As we do this — each in our own way according to the needs of our own organization — we will find we are serving the very best interests of our business!

Now I would like to make a proposal for joint action. While each of us can do much on our own — indeed each of us must do much on his own — joint action will produce the most effective results.

First, I propose that in large business and industrial areas committees of businessmen be formed to explore what might be accomplished by companies working together on the problem of mental illness. In addition to businessmen, these committees must have some professional membership — psychiatrists and representatives from local mental health associations.

Secondly, I propose that groups of companies band together to employ full-time psychiatrists whose services would be available to employees referred by these companies.

As a logical third step, I propose the establishment of business-supported *mental health centers,* open to employees of supporting companies. As you may know, there are some state-supported "open clinics." While these are doing a fine job, they are overcrowded and their facilities do not begin to meet the full need.

Joint action of this kind can help to solve the problem of cost. And it can help to overcome another obstacle — the scarcity of highly-trained psychiatrists.

Why must we take positive action? Because mental health in business and industry is our problem. Because mental disturbances — as manifested in such symptoms as absenteeism, alcoholism, and poor morale — are costing us billions of dollars every year.

And there is an even more important reason why we must take positive action. As leaders of a free and business-oriented society, we have a very real responsibility to do all we can to help conquer what has been called our nation's "number-one social and economic problem."

It is clear that the ultimate cost of neglecting the problem of mental illness will be far greater than the cost of solving it.

By working together on the problem, we can progress farther, faster, toward a happier and more productive life for ourselves, for each member of our business organizations and, ultimately, for our society as a whole. ■

EMOTIONAL PROBLEMS OF BUSINESSMEN

By ALAN A. McLEAN, M.D.
Industrial Psychiatrist
International Business Machines Corp.

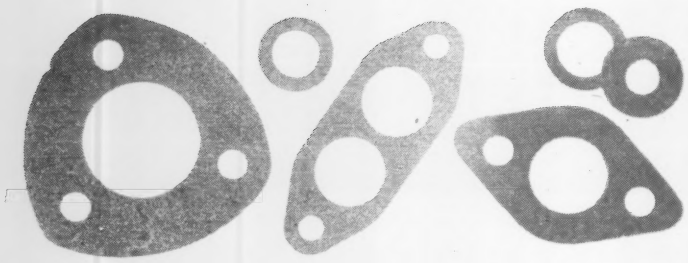
WE HAVE COME TO UNDERSTAND that some of the specific strains and stresses of management life can at times trigger symptoms of psychiatric illness.

I should like to explore the theme of the corporate executive in his corporate environment. What sort of man is it who sets as his goal promotion to heavy responsibility and frustrations, the often necessary hours away from home and family when other fathers and husbands are at home? What comes of this marriage between this man, the executive and this social environment, the business world?

The personality of the executive is intimately related to the unique character of the industrial environment in which he lives and works. As the figure of authority within this environment, much of his relationship with it is colored by his use of power and the effect of this power on himself and on others.

There are many phases of the social environment in which the executive finds himself. There is his position in the organization and the things expected of him in that position. There are the business ethics and values which dictate much of his behavior, his thoughts, and feelings. There are the status symbols whereby he is able to more clearly identify his and others' roles and functions. There is the competitiveness — among corporations, among management people within the same corporation. In many organizations there is the need to appear active and physically productive. Not the least, there are the demands of the job itself, along with the need for an appearance at least, of dedication to the organization and an appearance of selflessness. There is the value system represented by the organization, which may be quite different from the value system of the individual executive. All these and other aspects of the industrial environment are factors to which this so-called aggressive, self-seeking, competitive, unsentimental individual is constantly exposed to and to which he must react.

Let's take just one aspect of this executive environment to examine more closely. Let us pick one phase of life presumably stressful enough at times to precipitate symptoms of illness. Part of the reality of today's management is the well-known pyramidal structure of the organizational hierarchy. This is a familiar concept — a daily fact of life. At the top, the chief executive officer with four or five reporting to him. A half-dozen or so reporting to each of them, and so on down the line. Governed by a universal law of diminishing promotional returns, the aggressive, ambitious and competitive junior executive is faced with overwhelming odds against obtaining the pinnacle. During the past several years, I have interviewed literally hundreds of aspiring managers in several companies. Whether or not their comments represent real basic goals, the overwhelming majority of these young men aspired to the top or near it as they viewed their future careers. The chances of success are obviously



slim. The level of aspirations high. The pyramid is a built-in part of the social environment of industry.

Yet, I have observed that men in responsible positions in industry today are, if anything, better able to meet stresses of their occupational environment without breakdown than individuals of lesser occupational rank. This does *not* mean executives don't get sick. This does *not* mean top management people don't develop symptoms of emotional difficulty as a result of their job situations. They do, obviously. I must challenge anyone, however, who says this is a more frequent occurrence for the executive than for the janitor, the man in the assembly area, the machinist or the union shop steward. And this despite the fact that a responsible management position demands far more effort, far more identification with the organization, far more personal sacrifice. Such jobs require the position to have tremendous meaning for its incumbent, more so than for other industrial positions. We might suppose, then, that a disruption of concepts a man has about his job, or the disruption of a higher goal to be even more stressful for the executive than for others.

To be sure, the list of stressful factors in the manager's environment is lengthy. Long hours, panic programs, financial crises, losses to competition, manufacturing crises.

The presumed explosive reactions of mental illness symptoms in the stressful executive environment is relatively infrequent. Disappointment, yes. Unhappiness, yes. Temporary feelings of depression, yes. Occasional psychosomatic reactions, yes. But major breakdowns, no.

Why?

The answer, I think, is in the concept of the total person in the total environment. This concept leads to skepticism concerning any particular basic personality structure peculiar to any and all executives. For each individual and each executive presents many unique characteristics aside from those common denominators the research studies define. It's just not quite so simple as they may imply. The psychiatrist evaluating a single executive must attempt to identify the critical conditioning factors in the individual's development and family background. He must assess those individual conscious and unconscious forces which influence subsequent behavior. A whole constellation of personality factors determine the degree of resolution of problems. The type of adjustment an executive makes to the stresses of life situations becomes a part of such an evaluation.

The total personality of the executive, like others, shows the imprint of his early family group. Successful vocational adjustment always bears some relationship to the influence of an individual's parents. Particularly, for the top management man, his father. Strong unconscious bonds of identification formed in childhood with certain key individuals always makes its own dominant contribution to the later occupational choice, goals and success of an individual.

And from such individual developmental backgrounds come individual strengths, often well under the surface, allowing each man to call forth emotional energy and patterns of defense against emotional discomfort when faced with a stressful job situation. These subtle personality characteristics may not have been apparent to social scientists reporting the research I described earlier. But these variables — these inner resources — appear to be instrumental in preventing symptoms of very serious illness.

There is, then, no psychiatric evidence to indicate that people who work in executive positions are, in general, more prone to mental illness than any other individual. For this reason, the expression "executive breakdown" has no more validity than it does for any other population group. "Janitor breakdown", "waiter breakdown", or, "physician breakdown" would be, if anything, more appropriate phrases. The psychological investment of the executive in his occupational role, with its accompanying drives for power, authority and success, obviously heightens emotional stress. However this, in itself, is not incompatible with sound mental health.

Some readers may have hoped that I would tick off a list of things in the environment of a management man today which might be stressful to his mental health. I would agree completely with those among you who feel the esteemed position of a manager in America's industry can have its stressful moments. Such a job *can* be disruptive of many fondly held plans and goals — *can* raise Cain with family life.

I am completely convinced that this need not be the case as a continuing way of life.

In conclusion, let me paraphrase a constructive thought made recently by an eminent American psychiatrist, Dr. William Menninger. In suggesting that each of us should occasionally take time out to consider where we are going in life, he asks the question: "What is one's purpose — one's goal," and goes on to say, "Even though the acquisition of the dollar is so standard in the operating procedure of so many people, the things we want most we are not able to buy. Money in any form, including salaries, pensions, trust benefits, profit-sharing is not going to produce deep satisfactions that employees want and need. One can't buy affection or loyalty — from a wife, a child, or an associate. We should look closely at our goals periodically and "We spend a great deal of time on planning a company program and goals, how to cut expenses and increase profits. We have committee meetings all over the place working on short-term and long-term plans. We can do this for ourselves in our own lives, with our own families, make time to figure priorities and check up on ambitions and aspirations, take a long look at where we are and where we want to be." ■

THE MANAGEMENT OF STRESS

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RECENTLY a psychoanalyst reported on an interesting case of an executive who was troubled with a strange condition. The executive claimed that he kept forgetting things after he said them. When the analyst asked him for an illustration he replied, "of what?"

While this may be an exaggerated circumstance, I am sure many of us under stress create what is popularly referred to as "mental blocks." The effect of stress on efficiency, productivity and good industrial mental health is becoming an area of increasing critical examination. The following is a brief resume of current thinking on the subject.

The Nature of Stress

Stress is an increasing common phenomenon of our society. We are beginning to discover more about the subject than we have ever known before. Recent works such as Selye's study, "The Stress of Life," Wolf's "Stress and Disease," Halliday's "Psychological Medicine" and Ginzberg's 3 volume work, "The Ineffective Soldier — a Lesson for Management and the Nation," are of special interest. In the medical sense stress is the rate of wear and tear in the body. When we feel that what we are doing — or whatever is being done to us — is strenuous and wearing, we are aware of stress. The feeling of being jittery, tired or even ill are sensations of stress. Stress creates changes in the structure and chemical composition of the body.

In a hurry-up world, Selye believes we are creating too many stresses. We rush constantly and worry incessantly. The executive drives himself all day at his office, then worries about his actions or lack of them most of the night. His wife tries to run her home, administer to the family, maintain a social life and participate in community activities, and at bedtime is so charged up that she needs a sleeping pill.

It is not easy to tune down when you have reached what Selye calls your stress-quota. More people are the helpless slaves of their own stressful activities than of alcohol. Simple rest is itself no cure-all. Activity and rest must be judiciously balanced, and every person has his own particular requirements for rest and activity. To lie motionless in bed all day is no relaxation for an active man. Yet with advancing years, most people require increasingly more rest, and we are now aware that the process of aging does not develop at the same speed in everybody. Many a valuable man has been made physically ill and prematurely senile by the enforcement of retirement at an active age.

The lesson seems to be that, as far as man can regulate his life by voluntary actions, he should seek to equalize stress throughout his being, by what is called deviation, the frequent shifting-over of work from one part to the other.

> "The human body — like the tires on a car, or the rug on the floor — wears longest when it wears evenly. We can do ourselves a great deal of good in this respect by just yielding to our natural cravings for variety in everyday life. We must no forget that the more we vary our actions the less any one part suffers from attrition."[1]

Stress and the Industrial Climate

In our business and industrial life, work often fails to provide the emotional satisfactions men need in their occupation. Many supervisory and work situations do not provide an adequate outlet for man's instinctive energy, particularly his aggressive energy. Industrial breakdowns are due as much to the workers striving for job satisfaction as for material advantages alone. The radical division of labor, the monotony of fragmented tasks, the dead-end aspect of many routine duties, the lack of opportunity for initiative and creativeness, all add up to job dissatisfaction. Dr. Francis Braceland of The Institute of Living writes:

> "The great majority of people are anxious to work, but sometimes they dread monotony which deprives them of real job satisfaction. The result may be, and often is, the deplacement of hostilities from the job, perhaps to management or to the home and to the community. The displacement of dissatisfactions to the home is well known; perhaps you have heard of the man who comes home like a bear with all of his problems seething within him for the family to bear the brunt of them."[2]

The results of channelling dissatisfactions to management are also well known. As a result, the overwhelming numbers of all dismissals in industry are due to social incompetence and human relations problems rather than to technical failure or inability.

Halliday, the eminent British physician who has studied the effect of emotional stress on physical behavior in British industry, speaks of industrial fatigue as another by-product of much monotonous industrial activity. Such things as long traveling distances to work, endlessly repetitive manipulations, job monotony, are some of the outward forces that create emotional and eventually physical breakdowns. He speaks, too, of the inward problems associated with industrial fatigue such as traits in the personality of the individual which drive him to an unremitting endeavor until the personality defenses fail and the patient collapses from "overwork" or from "industrial fatigue" — or from a defined psychosomatic affliction.[3]

Stress—Accidents and Absenteeism

Another marked consequence of stress has to do with accidents. These are usually divided into two categories. The first comprises those accidents in which the individual in no way consciously participates. Illustrative of this group would be the victims of the recent earthquakes in Chile

[1] Selye, Hans—Stress of Life, 1958, New York.

[2] Braceland, Francis—The Executive and Psychiatry.

or the typhoon in Japan. These are often referred to as clear Acts of God.

The second category and an increasingly large one in industry today, comprises those accidents which occur on the job at which a person may have been working for months or years. The question is, "Why did he do this when he did?" Persons who show a large number of self-participating accidents are said to be "accident prone."

Although the industrial accident mortality has been cut in half during the past 25 years by strenuous safety efforts, about 15,000 workers died in industrial accidents last year and two million suffered disabling injuries at a total cost of more than $3 billion.

Harry Crook of the Westinghouse Company reported that if his company could have reduced one year's accidents by one-half, the resulting contribution to profits would have been equivalent to increasing the sales volume $6 million.

Dr. Morris S. Schulzinger, a specialist in accidental injuries, notes that between 80% and 90% of accidents are attributable to "human factors" or psychological causes. From his study of 38,000 accident cases, he reported that "accidents appear to be a wide-spread endemic affliction, and part of a disease syndrome — the accident syndrome. Most accidents were observed to conform to a pattern . . . and are thus frequently predictable."

> "Both physicians and management have become increasingly aware that more is involved in keeping a worker healthy and satisfied than by bandaging his hand and protecting him from environmental hazards. His personal problems, as well as the tension and stress encountered on the job, his leisure-time activities, his mental outlook toward his company, and the type of work assigned to him, all contribute to the efficiency of one individual."[4]

Non-occupational disability is one of the most important problems confronting management today. It has been estimated that 90 per cent of all absences are for non-occupational causes. Over 500 million man-days are lost each year because of disability of non-occupational origin, which added up to billions of dollars lost by the nation in potential production and wages. It must follow then that we need to become concerned with the whole man, both on the job and at home.

In the chemical industry attention is being devoted to applying "on-the-job safety know-how to the off-the-job problems." The industry effort has been promoted by the Manufacturing Chemists' Association. Its program was spark plugged by the system set up by Du Pont in its own plants during recent years to reduce off-the-job injuries and resultant absenteeism. Within the past year there was a 40 per cent reduction in on-the-job injury and 20 per cent fewer injuries during off-the-job hours, according to computations based on the number of "exposure" hours on and off the job. The need for such a program was well demonstrated by the data collected, which revealed that "in the first six months of the year, 82,000 employees in Du Pont's laboratories and plants suffered 786 injuries off the job, and only 30 on the job."

While only 5% of all absenteeism is due to on-the-job causes, it still costs industry $9 billion each year. Dr. Norman Plummer of the New York Telephone Company recently reported that sickness absenteeism cost his company $10 million annually.

Stress and Alcoholism

Speaking at a Connecticut Mutual Life Mental Health Forum for industry in Hartford during October, 1959, Dr. Robert Turfboer, Senior Resident Psychiatrist at Yale Medical School said:

> "It is generally believed that U. S. industry and business jointly employ two million alcoholics, or 3% of all workers. The annual loss incurred is estimated at over one billion dollars."

This loss, according to most authorities, is because alcoholics lose 2½ as many days of absenteeism, cost 3 times as much in sickness payments and get into from 2 to 4 times as many accidents as the average worker. Moreover, alcoholics are 'half men' on the job, according to Professor Bacon of the Yale Center for Alcohol Studies. Among hourly workers the cost of alcoholism is mainly in absenteeism. Among supervisors and executives the cost is mainly in mistakes, inefficiency and low productivity.

Dr. Harry Levinson of the Menninger Clinic's Division of Industrial Mental Health suggests that:

> "Many problem drinkers are in responsible positions where mistakes, errors of judgment, and the public relations effects of their drinking are extremely costly. In addition, because of its insidious development and because of the tendency to deny and conceal the problem, many men continue to function for a long time in inadequate and ineffective ways. In contrast to the Skid Row itinerant whose chronic alcoholism is all too apparent, the drinker in industry presents a problem precisely because his difficulty is so often concealed rather than blatantly demonstrated."[5]

Alcoholism is a chronic disease of complicated origin involving psychological, social and organic factors. It is one of the costly by-products of excessively stressful situations in industrial life. For some it provides the only relief they know from increasing tensions and represents a last ditch defense against complete psychic breakdown.

Stress and the Executive

The executive in modern industry is himself a victim of the frustrations that contribute to emotional instability in the labor force. He is subject not only to the stress of his demanding job, but also to the pressure of modern competitive society and to the hazards which he brings with him into his office. These are among the most serious of all since they have to do with personality maladjustments, mood disorders, and unconscious motivations.

> "Workers bring to the job all their hopes, their fears, their worries, their disappointments, their family troubles — all operating against the background of a changing social panorama. When the executive is emotionally disturbed, there is always a major problem in the organization. This is true not only of the top men, but of people along the entire supervisory echelon who are in charge of other people. It is axiomatic that one badly maladjusted supervisor can cause more trouble in a plant than an epidemic of measles. Strangely enough, this individual rarely recognizes his problem himself and is very much surprised when told about it."[2]

Because of the stress of his position and the psychologic

[3] Halliday, J. L.—Psychosocial Medicine, New York, 1949, Norton & Co.

[4] Levinson, Harry—Mental Health in Industry, Menninger Quarterly—Topeka, Kan. 1958.

equipment which often helps to bring him to positions of higher responsibility, the executive is vulnerable to many psychosomatic disorders such as arthritis, skin disorders, cardio-vascular disease, allergies, ulcers, etc. These psychosomatic disorders are the price many people pay for a way of life.

It therefore becomes important to an individual to recognize the nature of his difficulties, a psychological re-education as well as a re-assessment of his goals. As Harold Wolff comments in his study, "Stress and Disease:"

> "A considerable proportion of man's illnesses is a function of his goals, his methods of attaining them and the conflicts they engender — There are many things more important than comfort and a few even more important than health. But a man should realize what his actions and goals are costing him. Then, if he chooses, he may pay for them in pain and disease. Often he will decide that his values are poor, that he has been confused, and then change his direction and his pace."[6]

Reducing Stress in Industry

As we have pointed out, stress results in a breakdown of human effectiveness. We have also highlighted some of the conditions which create stress in our industrial scene. Much of what we know in the assessment of human resources in large manpower situations comes from the experiences of the Armed Forces in World War II. The ten year study of the Conservation of Human Resources Project at Columbia University inaugurated by President Eisenhower while he headed the University, has provided many important insights in this area.

Of the 18,000,000 screened for military service, 2,500,000 were either rejected or prematurely separated because of *mental* and *emotional* defects.

As Ginsberg writes in his three-volume study of the CHR Project—The Ineffective Soldier—A Lesson for Management and the Nation:[7]

> "In any large population failures are inevitable. But most of the young men who failed in World War II, although normal at birth, had suffered serious deprivations in childhood and adolescence. And others, whose development had not been seriously handicapped, were the victims of faulty organizational policies . . . No society can afford to ignore the fact that one out of every seven men was judged to be mentally or emotionally incapable of service effectively in its armed forces in time of war; or that a significant, if much smaller, proportion cannot support themselves in time of peace. The cost of failure not only to the individual but to his family, to business, and to the larger community is too high to be tolerated by a responsible democracy."

There were many conclusions drawn from this CHR study covering over 750,000 men. The following are significant as they relate to the management of stress.

1) *Reduce Stress and You Reduce Failures:* Only one man in five who failed in the army ever saw combat. Another one out of the five served overseas in a non-combatant job. But the remaining three broke down in the U. S. In other words, stress was produced not as much by combat as by several other stress producing conditions, the most significant of these being poor leadership.

2) *Sound Leadership Development:* In business as well, stress usually results from poor supervision. Since the performance of large groups is always dependent to a marked degree on the quality of leadership, it is a good investment for an organization, especially one that is expanding rapidly, to devote considerable resources to the indoctrination and training of its supervisory and management personnel.

3) *Good Orientation Is Mental Health Insurance:* Initial selection can be effective to the extent that those charged with responsibility have a clear understanding of the characteristics of the manpower pool and of the real — not ideal — requirements of the organization. If men do not know what is expected of them and no one tells them what is or is not important, many are likely to become ineffective.

4) *Motivation:* Since a man's performance is so greatly affected by his motivation, management must seek to avoid establishing or perpetuating conditions which will weaken the motivation of individuals to work effectively.

5) *Equitable Personnel Policies:* Men put an effort in direct proportion to how they feel they are being treated. If they know they will be rewarded for good work and penalized for bad work, they will usually do their best. No organization can elicit a high level of performance unless its personnel policies are attuned to the basic concepts of equity. If men see that management deals arbitrarily or unfairly with those who have done their best, they will fail to put forth their best efforts and will dissipate their energy fretting about their own future treatment.

6) *Effective Placements and Utilization:* One of the specific advantages which accrue to large organizations from their size is the opportunity to exploit the great range of their job opportunities. Since many men can do well in some jobs but not in others, the adept use of assignments and reassignments can contribute markedly to the more effective utilization of manpower.

7) *Planning:* The key to effective manpower utilization is in sound personnel planning. Nothing is more costly to a large organization than a failure to recognize in advance some of the major challenges which it will confront. Trained people can never be secured on a moment's notice. They must be developed. And effective team work can never be commandeered; it results from shared experiences.

Perhaps the most significant aspect of the study was the conclusion that sound organizational policy was the surest guarantee of maximum human efficiency.

The study concludes that organizational policies can either strengthen or weaken the motivation of men to perform effectively; to the extent that policies facilitate a man's using his skills and adding to them, his performance is likely to be improved; policies which smooth the adjustment of new members, that prevent the accumulation of extreme stress and strain, and that provide supports for members of the organization who need them can help men to attain and maintain a satisfactory level of performance. Those who are in management positions have the dual responsibility of dealing effectively with the management of their own stressful problems for their individual mental health, as well as insuring an industrial climate in which stress itself is a controllable factor of professional management and a productive operation. ■

[5] Levinson—Alcoholism in Industry—Menninger Quarterly, 1957, VXI, No. 111A.

[6] Wolff, H.—Stress & Disease—New York, 1955, Norton.

[7] Ginsberg, Eli — The Ineffective Soldier, 1959, Columbia U. Press.

ALCOHOLISM: MANAGEMENT'S PROBLEM?

IT IS PERHAPS not entirely illogical that alcoholism has been the first major concern in the field of mental health in business and industry. We now know something about its roots and meaning, what can be done about it and who should concern themselves with the responsibility for the rehabilitation of alcoholic workers.

It was not long ago that alcoholism was seen strictly as a nuisance and the alcoholic as a despicable individual whose only fault was really a serious lack of will power. Once he would apply himself to cutting out alcohol at will, he would stop being the pest he has been. When I say that it is not long ago, I certainly do not want to imply that this old-fashioned concept of an alcoholic has disappeared altogether. Far from it. But interestingly there are a great many people who now know different, and who are willing to defend that alcoholism is a far wider concept than lack of will power in an individual when exposed to alcoholic beverages.

Alcoholism, according to a modern definition by Dr. Pfeffer of the Consolidated Edison's alcoholic rehabilitation clinic in New York, is a chronic disease of complicated origin, involving psychological, social and organic factors. Moreover, it may be regarded as an addiction.

During the past 2 decades alcoholism, which in its milder forms is called problem drinking, has begun to make more sense. We are finally beginning to understand more about what alcoholism really means, about what makes one become an alcoholic and what can be done about it. Much credit for this renewed and greater interest goes to an altogether remarkable organization, which all of you, I am sure, have heard about. I am referring to Alcoholics Anonymous, a kind of fraternity of alcoholics who help themselves and each other to live normal lives once again, that is, without the need to become drunk on alcohol regularly or all the time. These people have forced us, if you will, to pay attention to the fact that alcoholism is an illness, that the sick alcoholic needs help in order to be able to help himself. And they have shown us that permanent rehabilitation of large numbers of inveterate alcohlics is possible. And thirdly, they have made it quite clear that in their considered opinion, they, the alcoholics, can never drink again after they have learned to live the life of sobriety. Not because they would get sick from the stuff, but because they would immediately or at least soon thereafter return to their old alcoholic ways. And they explain this by their motto: "Once an alcoholic, always an alcoholic." This they feel is their basic nature, their emotional makeup. They are addicts to alcohol, they suffer from intolerable craving once they resume drinking. Their need to drink is not because they like the taste so much but because a psychological compulsion drives them. It is not simply a lack of conscious will power.

Concurrently with AA's remarkable results, the medical profession and in particular psychiatric specialists have made great strides forward to understand and explain these strange unconscious dynamic motives for becoming or being an alcoholic. A truly vast amount of research is going on, and here I want to mention the leadership in the field of such institutions as the Yale Center of Alcohol Studies under Professor Selden Bacon.

Dr. Bacon sees the alcoholic as an individual who: 1) with some regularity and over a considerable time span not only drinks more than, but also in different ways, from his normal associates; 2) shows deviations from the expected norms of life, such as, in his feelings, his behavior, his physical ills, etc.; 3) and this one is crucial — has lost his rational, socially mature self-control over alcohol.

Which other characteristics may we encounter in problem drinkers? They are often unproductive people with little imagination; their anxieties of life are deeply imbedded; they dread their own impulses and feel very guilty over them; as a matter of fact, guilt feelings not only follow a drinking bout, but they also precede and accompany these bouts; alcoholics have a tendency to resist self-examination; they are frequently guided by external pressures. They have a severe problem of control because they are torn between an urge to admit that they are powerless in the face of their desire for liquor and on the other hand, their feeling that all it really takes to master the desire is self-control or will power. You see, they themselves are partly responsible for their reputation of just lacking will power. Dr. Chafetz of the Alcoholism Clinic of the Massachusetts General Hospital says in a recent article that the alcoholic is more likely to be a neurotic rather than a psychopath; that the alcoholic is easily depressed but denies this. He has excessive demands which easily lead to rejection by others, which in turn evokes rage and symbolic self-destruction in yet another bender. He notes that the alcoholic easily arouses negative feelings because he harbors many hostile elements in his personality which invite retaliation and rejection. And yet, in spite of all these rather unpleasant characteristics, we must see him as the unfortunate victim of customs or bad practices of our society.

We wonder how these traits begin and what they really mean within the distorted character of the victim of alcoholism. In other words, what is it that leads a person to become an alcoholic? Why is this unpleasant solution of life's stresses and difficulties chosen in favor of better ones? What strange interplay of forces lead to this end result?

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Dr. Lollie of the New York Knickerbocker Hospital, another noted specialist on alcoholism, sees the disease as an end result of a lifelong distortion of the original mother-child relationship. And what we finally witness, the excessive drinking itself, represents then the abnormal survival in the adult of the need for the normal early childhood experience of unitary pleasure of body and mind. The alcoholic rediscovers this pleasant experience in the course of his intoxication, and he cannot resist its gratification. In more practical terms recent scientific literature on alcoholism has this to say about the many roots of the disease, based upon the gratification which an alcoholic derives or hopes to derive from his excessive drinking: 1) a decrease of his anxieties and tensions; 2) an excuse for life's failures; 3) relief for physical pain; 4) a solution to conflicts between passive and aggressive needs; 5) a means of retaliation against the persecuting world; 6) a means of slow but certain self-destruction; 7) a social lubricant and sex stimulant; 8) a way to make one's behavior appear more masculine; 9) a condition where underlying motives, such as aggression can be "safely" (unconsciously) released; 10) a substitute for affection and other gratifying interpersonal relationships.

With our increased understanding of the dynamic forces which we encounter in the development of alcoholism, we may indeed wonder why more of us don't succumb to this widely spread social illness; but we also begin to see that it is perhaps not so strange that it is now generally accepted that the entire United States business and industry together employs an estimated two million problem drinkers, or approximately three per cent of all workers in this country. This estimate is based upon the so-called Jellinek formula. Dr. Jellinek, formerly of Yale and now one of the world's best known experts on alcoholism, derived his formula from the frequency of organic evidence of alcoholism found in autopsies plus a number of other factors. The loss incurred by business and industry is estimated at the rate of more than one billion dollars per year. Why so much money?

Acccording to Maxwell, this is because the alcoholic is absent 2½ times as many days as the average worker; secondly, because he costs up to 3 times as much in sickness payments as the average worker; and finally, because the alcoholic has from two to four times as many accidents as the average worker.

Selden Bacon describes the alcoholic worker as the "half-man". If he is on the job, he is there merely physically. He is hung over or intoxicated or he is craving for more liquor. He is apt to be more careless; he wastes more time and material. His judgment is impaired. He is a hazard for the general morale because his drinking creates problems for his co-workers who must do his work and cover up for his shortcomings. In low status workers the cost of alcoholism to management is mainly in absenteeism. In high status workers the cost is mainly in mistakes, inefficiency and low output.

Briefly, what does the alcoholic need?

1) Recognition, that is, establishing the fact that he is an alcoholic.

2) Rehabilitation and this involves a probation period in which to get help; referral to Alcoholics Anonymous if possible; psychotherapy.

You may recall that Dr. Lolli explains alcoholism in terms as a result of a distorted love disposition dating back to the mother-child relationship. It follows, as he says, that successful treatment of the alcoholic then demands restitution of this unattained love. This logically requires a corrective experience on the emotional level, and this equals psychotherapy.

Some alcoholics can tolerate no more than supportive psychotherapy. Others can tolerate a more analytic type of psychiatric treatment.

A word of caution; psychotherapy of alcoholics is no bed of roses. As Dr. Chafetz points out, they are very demanding, manipulative people by nature, and their strong tendency for denial must be dealt with in therapy. Their psychological disorder lies on a very primitive or early level of development. This explains their great tendency to act out. Words are of little use in treatment, and feelings are much more important. They require treatment by "doing for," active therapy. And their therapy must be available promptly when the alcoholic is ready for it because he cannot wait. He is difficult to make friends with because he is fundamentally hostile and easily arouses negative feelings in others, and this in turn invites retaliation. This, as I have pointed out before, leads frequently to the formation of a tendency to be overly nice to them or excessively permissive. With this in mind it is easy to understand how it is possible that alcoholics often succeed in manipulating their super-

(*Continued on page* 24)

A PRESCRIPTION FOR EXECUTIVE MENTAL HEALTH

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IT IS A RARE PERSON IN these days of general medical awareness who does not recognize the importance of the regular physical examination. There are many executives who, because they feel all right, postpone the trip to the doctor's office. But there are few who fail to be checked for physical danger signals with some regularity. These periodic examinations provide assurances of physical well-being or warnings of trouble before it has a chance to get out of hand. It is not surprising that the number of company-sponsored physical examination programs has increased greatly in recent years.

As a psychiatrist, I recommend that companies also concern themselves with providing for regular emotional check-ups for their executives. These are times that exact a heavy toll from these men and women. So general has become the recognition of the tensions existing on the management level that jokes are told about one-, two-, and three-ulcer executives.

If I were to make an "emotional check-up" of an executive, there are certain somewhat impertinent questions I would ask. I believe such an examination would serve two purposes; it would provide me the basis for evaluating the executive's mental health in order to make recommendations, and it would give him food for thought.

First, I would inquire about the constancy of the executive's own personal relationships. How consistently is he able to "get along" with his associates? Is he a prima donna? All of us have "bad" days, but how frequently do his occur? Who does he like? Who doesn't he like, and why?

A second point to which I would direct my questions: how does he deal with reality, particularly when it is at its worst? Does he lose his temper? Does he get jittery? Does he become so anxious he cannot function?

Closely related to this point, I would want to find out how he accepts frustration. Is he so immature he has to have what he wants when he wants it? And if he doesn't get it does he pick up his marbles and leave the game? Or is he mature enough to have learned that most of the things he wants he has to work and wait for, that he must accept current frustration for future gain?

I would like to know how much satisfaction he finds in constructive, creative giving of himself. Normal emotional development requires progression from the childish interest in receiving to the mature interest in giving.

Another important series of questions I would ask would be aimed at discovering how free he is of anxiety and tensions, and whether he is able to find release outside of his business life for those he has. All of us are upset at times, and realistically so when the pressure mounts. However, if one is chronically tense and anxious and unable to relieve his distress, he is emotionally sick. He may even be physically ill because of that tension.

Finally, I would need to know whether this executive seeks and will accept help when he needs it. Does he think he can bluff it out, procrastinate, remain inefficient on the job and difficult at home? Or does he have the good judgment to seek out some expert assistance in his time of need? An executive position is a lonely outpost where confidants are not always readily available. The executive, like every-

one else should have a good listener at times, someone whom he respects and who will keep his confidence. This listener may be his wife, someone in the organization, a good friend outside, his physician, a member of the clergy or, in time of emotional trouble, perhaps a psychiatrist.

Having the answers to my questions I would be prepared to suggest action — to offer the executive a prescription for improvement of his mental health. I would be able to make specific recommendations as to how he might avoid or handle the pressures of the job in order to prevent the development of excessive tension or a chronic state of anxiety.

Periodically he should set aside some time to think about his life goals — immediate and future — and his progress toward them. He should review carefully his priorities, his ambitions and aspirations. He lives in a rapidly changing world. His sense of values differs from that of his father. Moreover, it may differ at age 40 from what it was at 20. Being so busy, it is easy for him to stray from the path he has set. This is true for his personal life as well as for his business life. He should consider what he does with his free evenings, what his feelings are about his status and worthwhileness in life, how much time he devotes to his family. There is small triumph in business success if it is bought at the expense of failing as husband and father. With only 24 hours in the day and seven days in the week on the one hand, and with many responsibilities to fulfill on the other hand, the executive must budget his time to provide for the top priorities.

I would prescribe that the executive take vacations. They are good for his mental health. The man who boasts he hasn't had a vacation in five years betrays poor judgment rather than virtue. He is being unfair to his family, and perhaps also to his business.

A kind of vacation is spending time on an avocation, enjoying a hobby. Such an avocation should be taken as seriously as a vocation, even though it receives much less of a time allotment in the budget. Not only does a hobby give enrichment, provide refreshment and relaxation to life during the working years, but it also can be a sound preparation for the retirement years.

The executive must face up to his role in the organization. He is a symbolic father, whether he likes it or not, although he perhaps does not always realize that he is so regarded. His success as an executive and a father are not as unrelated as he might suppose. Both at the office and at home he must be prepared to delegate authoritatively and when to share in the making of decisions with others, be willing to listen as well as to speak out, and try to understand the other fellow. In short, he should be an honest, considerate, affectionate leader in order to make it possible for his associates to live in harmony with him and he with them.

He must also stand ready to give to the community in which he lives as much of himself as he can afford — not just his money, but himself. Every city and town is poverty-stricken for "big" men, people who ask "What can I put into this task?" rather than "What can I get out of it?" Carrying the load of voluntary organizations is usually left to a handful of people who are willing to give of themselves for the benefit of others. Most executives have achieved their positions because of their leadership ability and experience. They have a responsibility to use their ability in their communities as well as their businesses. One of the ingredients in my prescription is for the executive to have "a mission" — beyond the job, beyond himself — in which he believes and which will make his part of the world a bit better for his being in it.

Basic to the improvement of the executive's mental health and the reduction of tension-producing situations is for him to learn more about himself. I do not mean that he should indulge in morbid introspection. I do mean that he should be willing to look at how he relates himself to other people. It is not enough to see what is wrong with those about him. The trouble in the world stems from hate. How does he handle his hostile feelings? Can he face the evidences of his selfishness, prejudices, resentments, bigotry? Having identified them, does he have the courage to find better ways of handling these feelings?

The best neutralizer of hate is the ability to love, which expresses itself in understanding, tolerance, generosity, humility, constructive activity. He can increase his ability to love by making conscious and determined efforts to do so, thereby reducing the amount of hostility he expresses.

To summarize, my prescription for the executive is to know himself better in terms of his emotional health and his relations with other people. He should try to be guided by these principles of maintaining good mental health:

Have a periodic emotional checkup.

Take time to review his past and evaluate his present in the light of his goals — particularly in his family relationships.

Schedule vacations and hobby time.

Improve his ability as a leader — on the job, at home, in the community.

Understand himself better — especially how he handles his hostile feelings. ■

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By ROBERT N. McMURRY
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MENTAL ILLNESS: ND

MANAGEMENT is particularly concerned with what might be termed the "problem employee." Every organization has its quota of problem employees. The janitor may be a problem employee and the president of the company may very well be one too. The variety of manifestations of "problem" behavior, of the ways in which employees can become problems, is almost infinite.

For the most part, the individual who has become a problem is a problem because of one of two conditions. One, he may have been vocationally misplaced. In other words, he may have been put on a job or into an activity for which he is not qualified, or for which he is temperamentally unsuited. This is the simple type of problem situation.

The other type of problem occurs when the individual suffers in some degree from a mental illness. I shall list the more common symptoms of mental illness as we see them in industry. The simplest problem is, for example, the individual who can't or won't learn his job. There we are probably dealing either with the mentally deficient person who just hasn't got enough IQ points or, oddly enough, the very brilliant individual who is sometimes unable to learn his job because he is suffering from a mild case of split personality ((schizophrenia). We encounter the latter most in younger people—some brilliant high school graduates, some brilliant college graduates.

Second, we have, and I'm not listing these in any particular order, the chronically insubordinate employee. This individual has a very strong hostility toward authority in any way, shape or form. He dislikes his boss; he probably dislikes top management as well; he doesn't like to be subjected to any sort of discipline. He's the so-called "rebel without a cause."

Third, we have the individual who chronically has accidents. He is the so-called "accident prone." Naturally, everyone has a certain number of accidents, but certain types of individuals, certain personality configurations, have a disproportionately large number of accidents.

Fourth — and I am talking from the standpoint of their role in making trouble — we have the hypersuspicious (the paranoid) individual who has delusions of persecution. He often says his boss has "got it in for him."

We also have the employee who daydreams excessively, which is another manifestation of a split personality.

Another problem individual is the one with chronic financial trouble. Very often one encounters a man who lives beyond his means and runs up all kinds of bills he can't pay. To help him, the personnel man brings him into his office, and they get a loan from the company credit union to consolidate his debts and make arrangements to pay off the loan with payroll deductions. The man is delighted. He says, "Now I've got this monkey off my back, now I can relax and, finally, I've learned my lesson. You're never going to see me in this situation again." Sometimes he even breaks down and cries. The only difficulty is that six months later, he is right back where he was before.

Then we have the problem employee who is an alcoholic. He will be discussed in some detail later today. We also have the hypochondriac among our "problem" cases — the individual who "enjoys" ill health and keeps his desk drawer filled with bottles of pills and various medicines. The hypochondriac is particularly prone to take excessive time off and reap other secondary gains from his afflictions, though probably his worst offense is that he is a terrible bore when discussing his symptoms.

We have problem types in the ranks of management, also. For example, there is the ultra-authoritarian, often openly sadistic, supervisor. Not long ago, I talked with a woman who said with a great deal of pride that she held the girls in her department down with an iron hand. To show me an example, she called one of the girls before us and said to me, "Look at her, she's a slob, I wouldn't hang my coat next to hers in the closet, it's so lousy. Her old man is nothing but a peddler." This is a public and not uncommon exhibition of sadism and is, justifiably, one of the principal reasons why employees join unions.

Another type of problem individual is the pathetically indecisive supervisor or executive; the person who can't make a decision; the one who can't even say "yes" or "no" to a simple question. For example, we recently had occasion to ask a regional sales manager to appraise the qualifications of one of his subordinates. At the end of four hours, he gave up: he could not decide whether or not he was good. This is the way the appraisal went: He would say, "How indus-

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trious is this subordinate? I don't quite know. He isn't really too industrious, but on the other hand, it wouldn't be fair to him to say that. I shouldn't say that. Of course, on the other hand, I've got a responsibility to management. So I should say he is a little lazy." This went on for four hours. He never was able to come out with a categorical statement to the effect that the man was good or average or poor in industry — or in anything else. This pathological anxiety and inability to make a decision may not be interpreted by some as a sign of mental disturbance, but from both a practical and a clinical point of view, it is.

Probably the most pathetic, and I think the most serious of all the mental conditions, is senility. When I refer to senility, I am referring to brain-damage. A number of executives, because of age or physical trauma, e.g., being hit on the head in an accident, have begun to develop some of the evidences of senility. Senility is extremely difficult to recognize at the outset because the sufferer usually has not forgotten anything that he has learned and can carry on familiar routines rather well. Though the onset may be very gradual, the end result can be serious disorientation. The executive showing signs of senility cannot learn new things well, his memory for recent events becomes defective, and he is very likely to become quite easily upset.

Finally, there is the individual who is neither a psychopathic personality nor technically ill mentally, but who is capable of stirring up quite a bit of trouble — for example, the very brilliant engineer or research man or scientist who has very strong antimanagement, even socialist or leftist leanings. He often organizes the antimanagement groups within the company, and because he is brilliant he is frequently a very effective apologist for strongly leftist ideas.

These are not all of the ways in which employees may become problems, but they are fairly representative ones.

When one adds up the cost to industry of labor turnover, absenteeism, substandard production, training replacement employees and the strikes precipitated by crackpots, a conservative estimate would place the annual cost to industry at least three billion dollars. That is the reason for my title: "Mental Illness: Industry's Three Billion Dollar Burden." And that figure does not include the cost of these problems to the employee, the individual. He, too, suffers.

The maladjusted employee, whether mildly or seriously ill mentally, is frequently a chronic job-changer. He suffers from invariable job dissatisfaction. He may be brilliant; he may have all the requisite technical qualifications, training and experience, but he is never quite able to accomplish the goal that his qualifications otherwise merit. He is emotionally crippled, so to speak. In addition, he tends to suffer from chronic job tensions and frictions which lead to such self-destructive phenomena as alcoholism, overeating and oversmoking.

Finally, of course, the public ultimately loses through inconvenience to itself and through hikes in production costs. Hence, mental illness and its manifestations in industry do constitute a very real problem to everyone.

This raises the question: What can management do? I think management sometimes tends to be an ostrich and to put its head into the sand and try to believe that mental illness does not exist. For example, in one organization we made a rather intensive appraisal of a number of members of top management, the findings of some of which were not very complimentary. So what did management do? It clipped off the uncomplimentary parts of the reports and burned them. This is, of course, one way of resolving the problem—just cut the offending material out of the report and burn it. And this is top management behavior in a company which does a volume of better than a billion dollars per year.

I think that there are certain realities which top management must face from a mental hygiene point of view. First, conservatively speaking, one-tenth, and probably more accurately, one-fifth, of all employees are or will to some extent be victims of mental disorder, mental deterioration such as senility or mental deficit of some sort. Second, most people are pretty resistive to change or even insight. There is no magic wand which can be waved which will convince a person who has delusions of persecution that he is not being persecuted. Third, another point, with which the psychiatrists on the program today may disagree, is that in our experience an individual, unaided, will not be able to accomplish too much when it comes to bringing about a change in his personality, in his motivation, and in his general make-up. It's very difficult, figuratively speaking, psychologically to lift oneself by one's own boot straps. In other words, the

sufferer must have outside help to bring about even a minor change in his make-up.

Fourth, in our experience logic is not very effective in influencing people in any context, whether it be in sales or in counseling. Of course, if your arguments serve to rationalize something that the individual already wants to do, your logic will be quite effective. But when it comes to bringing about a change in attitudes or behavior which is counter to what the person desires to do, in our experience, logic is not very effective.

Fifth, very few people have accurate insight into their own make-ups. It is too easy for a person to believe only the things about himself he wants to accept. Let me give you an illustration. Take a young man who is not very popular and is concerned about why he is not. There are two possible explanations for his unpopularity: Perhaps he is not popular because he is lacking in social grace, is selfish, or is irresponsible. An alternative explanation might be that he is so gifted and superior that other people are made jealous. Unfortunately, the first explanation is most usually the true one. But as it is not very complimentary nor flattering to the individual's ego, he is much more likely to say to himself, "I'm not popular, not as a result of any shortcomings on my part, but rather because other people are jealous of my outstanding superiority and qualifications." If he continues with this type of thinking, he is often well on his way to incarceration in a mental institution.

Sixth, management is not always aware that there is no necessary relationship between intelligence and judgment. A person may be very, very brilliant and yet exhibit extremely bad judgment. I am sure that if one went to any mental hospital and administered tests of intelligence to the patients, a substantial number would score very high. But they are so out of touch with reality and are so maladjusted that they must be institutionalized. Thus, we cannot assume axiomatically that the higher the level of a person's intelligence, the greater his capacity for sound judgment. On the contrary, the more intelligent he is, often the more adept he will be at rationalizing his behavior. If he is stupid, and he does something that shows bad judgment, he will not be too skillful at explaining that it was not his fault; but the smarter he is, the higher the level of his intelligence, the more reasonable and plausible his explanation will be—although not necessarily sound—in any event, they will always add up to "it wasn't my fault."

Seventh, there is one more point which again may be debatable. We feel that in business the majority of persons attracted to large, successful, secure businesses are people with an unusually strong need for security, certainty and a predictable future. People who have more of the entrepreneurial instinct, who are perhaps less security conscious, go into business for themselves or into the sales work, e.g., into the insurance business, in contrast to people who like the security and predictableness of working in a bank or with a large stable firm. Understanding these motives is important because if the employer is not in a position, and many are not, to provide this security, certainty and predictable future that some persons need, the employee is very likely to find himself misplaced. This causes him to develop a state of anxiety or uncertainty. This, in turn, may lead to the exacerbation of any mild or latent mental condition which may exist.

The eighth and final fact to consider is this: In most business organizations the positions to be filled are not necessarily of a standard or uniform type. We distinguish four rather distinct categories of jobs or positions, each of which requires a particular and unique configuration of type of personality make-up. First, there is the entrepreneur, the head of the enterprise. One or, at most two men at the top of the organization establish its policies, are the drivers and initiators of company activities and, most important, take the major risks. The next level or class includes the administrators who carry out the policies within a relatively structured environment. The third or next level or class includes the middle management employees (the technicians and the supervisors who more or less translate the policies into day-to-day activities). Fourth and finally, there are the hourly-rated factory, clerical and sales personnel.

Success at one level or in one type of work unfortunately does not guarantee equal success in another. The fact that a man is a good hourly-rated worker does not mean that he is good foreman material. The fact that he is a good foreman does not mean that he will be a good superintendent. The fact that he is a good vice president does not necessarily mean that he is potential presidential material. This is evidenced by the fact that a surprisingly large number of the largest companies in the United States have had to bring their presidents in from the outside.

From the mental health point of view, this differential in suitability is significant because management makes many of its most serious mistakes in promoting people over their heads, as when the good salesman is made the sales manager, the laboratory technician is put in charge of research and development, or the vice president is promoted into the presidency.

We think it is a responsibility of management to inventory periodically all of its personnel, taking into consideration the requirements of each person's present job in relation to his qualifications for it. It has been our experience in the many such studies we have conducted, that roughly 5% of the employees are overqualified for their jobs and should be promoted. Approximately 40% are reasonably well-qualified and should be left where they are. Of the remaining 55%, more than half are to some degree unqualified for the particular assignments that they have.

If an organization is going to show reasonable productivity, the individual worker should have maximum opportunity for self-realization and recognition. From a morale point of view, an important factor is what we have termed psychological industrial hygiene. This means that if working conditions are bad, the pay is substandard, or the supervision is not qualified, you are probably going to have bad morale. If morale is to be good, management should look for these psychologically unhygienic conditions and attempt to eliminate them if they exist. It is management's responsibility to conduct a hygiene operation. The individual employee cannot do it; the union cannot do it; it must be done by management itself. ■

ABSENTEEISM IN INDUSTRY

By NORMAN PLUMMER, M.D.
Medical Director
New York Telephone Co.

IN AN INDUSTRY, the level of sickness absence as a rule furnishes an index of the quality of occupational medicine practiced and in more general terms, it measures the quality of personnel practices and in the end, the level of morale of the employee group. This was first pointed out a number of years ago by a psychiatrist who, through a study that he had made in a number of offices in New York City, pointed out that the morale in these offices was directly related to the incidence of colds. I have thought about this many times and think that it is true. Again, it is true that the level of absence as a rule reflects very well the morale of a given office. Also, it reflects the type of supervision in that office. Another way of stating this same thing is that high sickness absence can be considered a symptom of disturbed employee morale.

Sickness absence is made up of two components, one of which may be called the required absence and the other excessive absence. It's the excessive absence that is really the problem. Required absence by some workers in this field has been termed "laudable" or justifiable absence. Sometimes it's been spoken of as the genuine absence and sometimes as basic absence. This component also is costly to a company but is almost always well understood and is accepted by industrial management, and cases of required absence are usually very well managed by the industrial and by the private physician. As a rule, these cases do not offer a dilemma to the employee, to the physician or to the company. It is the cases of excessive absence that concern us.

It is the difference between three weeks and three months of absence in a post-operative case. It's the difference between eight weeks and six months or even a year in the average coronary case. It's the difference between three days and three weeks following a death in the family. It is the unnecessary one day, two day, three day or even three weeks for a cold or for a mild attack of indigestion or for an emotional upset, or it is the two or three days for every menstrual period, even when these occur over the weekend.

The cost of sickness absence to American industry is a staggering amount — perhaps a good deal more than 10 billion dollars per year. There is an additional cost to the employee for wages not covered by sickness benefits and for doctor bills which may be conservatively estimated at perhaps some 6 billion dollars. These costs do not take into consideration the cost of lowered productivity to an industry caused by absence nor the cost to individuals and their families in terms of the suffering and unhappiness produced. If we think in terms of required absence, as compared with excessive absence, again estimating conservatively, good absence control could save American industry perhaps 5 billion dollars a year, and at the same time perhaps could save the employees 3 billion dollars a year, including just out-of-pocket costs.

The first table shows the costs of sickness absence. Ten billion dollars, which I have already mentioned, is the cost of sickness absence to American industry.

The other figure in this table is the 1958 figure for the Bell System — 66 million dollars, which is the cost of sickness payments for time not worked for people working in the operating companies of the Bell System. With good absence control, we can develop through these figures some-

COST OF SICKNESS ABSENCE

AMERICAN INDUSTRY	–	$10,000,000,000
BELL SYSTEM, 1958	–	$66,000,000

Table 1

thing of a goal. It would seem to me that in terms of the amount of excessive absence, each of these figures could be divided in half so that 5 billion dollars could be a goal for the saving for American industry and there could be a goal of saving 33 million dollars for the Bell System. To accomplish this will require a great increase in motivation and a great improvement in mental health.

Table II shows figures from the New York Telephone Company. I would like to speak particularly about the 1958 figures. I think we are interested in knowing what goes into the cost of absence. First of all, I should say that in the New York Telephone Company we have about 75,000 employees, and right at this present moment, I'm sure that we have over 2,000 employees who are absent — quite an army of absentees. Now, what does it cost the company to have such a group of people continuously out? In the first place, we have a figure in 1958 of $11,200,000 which is the figure of payment of accident and sickness benefits for the time not worked. We have the cost of Workmen's Compensation, a figure of $230,000.

The next item is one of $300,000 which is what the company pays each year as its part of the sickness insurance costs which we have under New York State Law. Then we have the Medical Department's costs which come to around $940,000. And, finally, we have a figure that again is a very arbitrary one, and that is the cost of the field administration of these people who are out on sickness absence, such as the cost of running the benefit department, a figure of $700,000. Thus, an estimated figure of the cost of sickness absence in 1958 for a company like the New York Telephone Company comes to $13,370,000.

COST OF SICKNESS

NEW YORK TELEPHONE COMPANY

COMPANY	1953	1958
Time Not Worked (Accident and Sickness Payments)	$9,000,000	$11,200,000
Workmen's Compensation Cost (Excluding Payments for Time Not Worked)	150,000	230,000
Sickness Insurance Cost, Under State Law	100,000	300,000
Medical Department Costs	700,000	940,000
Benefit Department and Other * Personnel Costs	500,000 *	700,000 *
Total	$10,450,000 *	$13,370,000 *

*Field Administration

EMPLOYEE	1953	1958
Wages Not Covered by Sickness Benefits	$2,000,000	$1,900,000
Hospital and Medical Insurance	2,000,000	4,600,000
Hospital and Doctors' Bills Not Covered by Insurance	1,000,000 *	1,000,000 *
Total	$5,000,000 *	$7,500,000 *
Cost of Turnover and Reduced Working Efficiency.		

Table 2

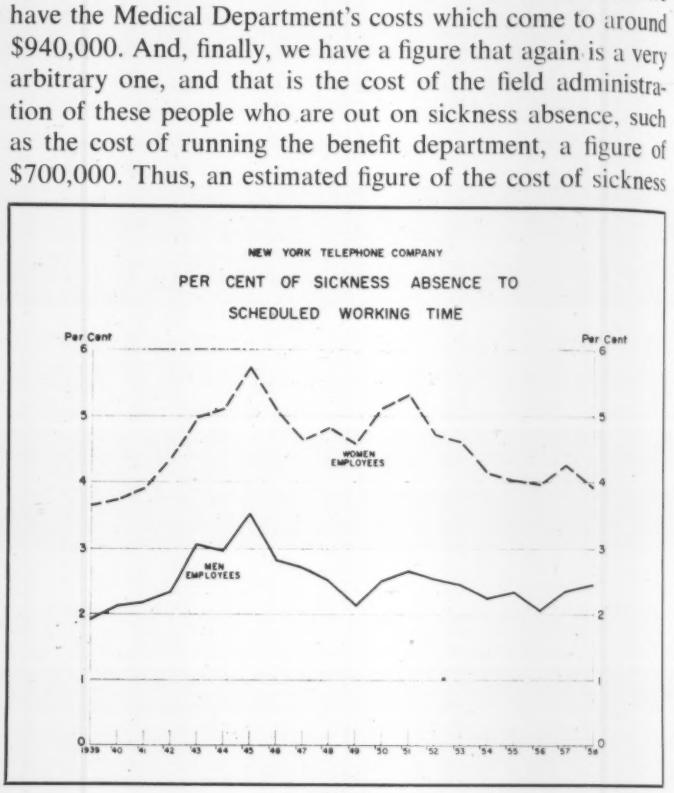

Table 3

The company doesn't pay the entire bill for employee sickness. The employees themselves pay a good share of the total bill also. I've put down a few figures that apply to the benefits which in 1958 amounted to $1,900,000. Our employees pay for their hospital and medical insurance with us, $4,600,000 a year. And then there is another very arbitrary figure of something upwards of $1,000,000 that they pay for their doctors fees and hospital bills outside of their insurance. So we have the employee group contributing the sizable sum of $7,500,000. Just to point out one thing in connection with the two columns on the chart, you can see that most of the figures have gone up considerably since 1953.

Table III is an interesting one showing the breakdown between men employees and women employees. About ⅔ of our employees are women and about ⅓ are men. Studies of this type consistently show that women are about twice as high in their absence rate as are men. What is the reason for this higher rate? I think we all know that women live longer; we know from a good many studies that women have somewhat less serious chronic disease, particularly heart disease; we know that women are more apt to work on inside jobs and are not exposed to the elements and to as many hazards as men. But still over and over again we see this kind of disproportion in the absence rates.

The next table No. IV shows some figures that until 1953

the United States Public Health Service put out on an annual basis. These figures on total sickness and nonindustrial injuries are based on the frequency rates. You see that women are about 3 times as high as men in the total number of absences. In frequency of absence due to respiratory illness, women are 3½ times higher than men and for digestive disturbance are almost twice as high. Injuries are 1½ times as high, rheumatism, 1½ times; and when we come to neurasthenia, and I'm sure the psychiatrists have spotted this, there is a 10 times difference between men and women. Heart disease causes 2½ times as many absences in men as women. Cancer is about the same for men and women.

My associate, Dr. Lawrence E. Hinkle, Jr., has recently studied this problem very carefully, and these are the conclusions that he has reached in comparing the absence rates in men and women. 1) The incidence of disabling illness among women is significantly higher than among men. However, the difference in incidence is almost entirely accounted for by a higher incidence of colds, grippe, laryngitis, gastroenteritis, dysmenorrhea, muscular pains, minor cuts and bruises, headache and minor episodes of tension, anxiety and depression. 2) Women are disabled more frequently, as well as for a greater proportion of time. 3) The incidence of serious life endangering illnesses is somewhat higher among men. Men experience a risk of death from illness greater than that for women in a ratio of approximately 4 to 3. 4) Finally, it seems likely that the higher incidence of illness reported by women, the greater amount of disability that they experience, and the greater number of visits that they make to the doctor is largely the result of culturally determined differences in their attitude toward what constitutes illness and what creates an acceptable reason for disability. (Table V).

Absences per 1000 Persons by Cause in 195<

(W.M. Gafafer, U.S. Public Health Service)

	Men	Women
Respiratory Diseases	37.9	130.4
Digestive Diseases	23.3	36.9
Non-Industrial Injuries	16.0	23.2
Heart Disease	5.6	2.1
Rheumatism	3.6	5.7
Cancer	1.0	1.1
Neurasthenia	1.6	16.9
Total Sickness and Non-Industrial Injuries	130.9	344.9

Table 4

I wish to discuss one other phase of this problem. I have time to point out some of the differences between individuals as far as absence is concerned. This curve is based on the frequency rate in 272 men in their first year of service with the company. (Table VI). We've made the same kind of curves over periods of five years and 10 years, also for

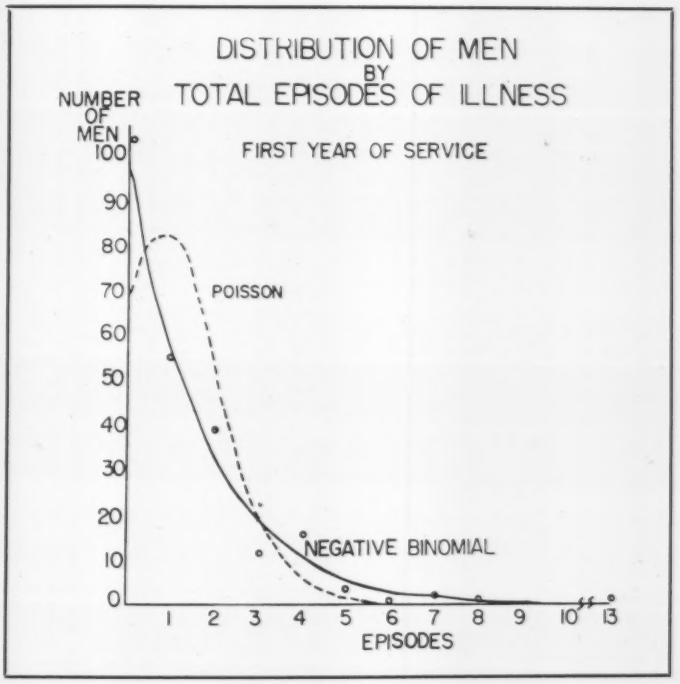

Table 5

employees in a calendar year. What we see here for men, we see pretty much the same for women. We find first of all that there is a large segment in this study, approximately a third, of the employees who have no absence. In this study we had 55 who had one absence, 40 out of the 272 who had two absences, and almost 30 who had five absences or more. The next table graphically depicts the same thing. The 272 men are rated by the number of absences that they had in their first year of service and then divided into deciles. You will note that 40% of the group had no absence; 60% had all of the absence. When you take the top decile, or 10% of the group, you have a concentration of 42% of the absence. If you take the top 20% it includes 63% of the absences, and if you take the top 30%, it's 79% or practically ⅘. In other words, less than ⅓ of the same group cause about ⅘ of the absences.

The final table No. VII is one that shows the same sort of a study in relationship to women. This is based on a study of 1,300 women. We find that 20% of the group had no absence. The 10% of the people with the highest absence

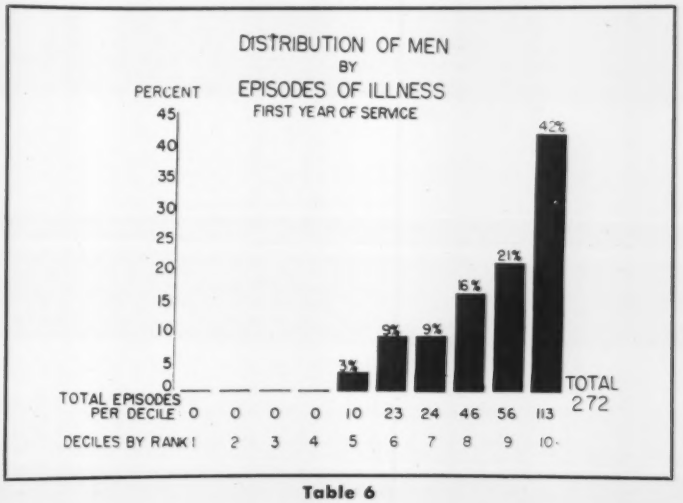

Table 6

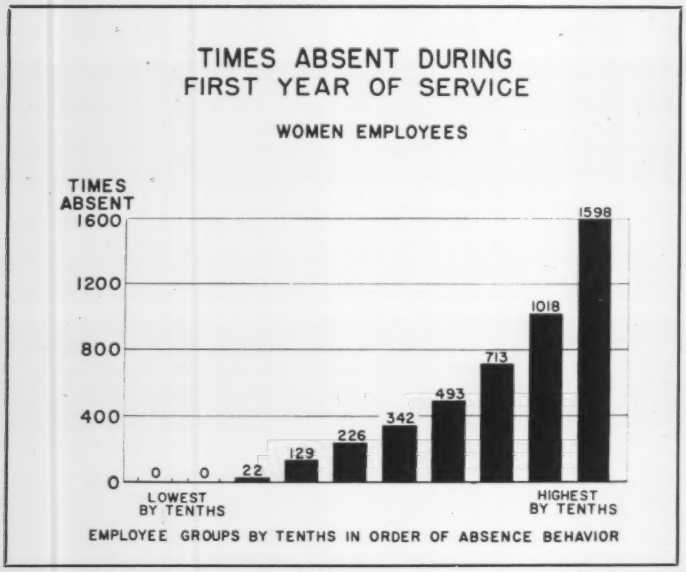

Table 7

caused 37% of the absences. The highest 20% caused 58% and the highest 30% caused 78% of the absences. Again, the figures are quite similar to those found in the men; approximately ⅓ of the group causing ⅘ of the absences.

We have gone much further in our studies on individual susceptibility to sickness in absence. Frequent disability is a characteristic about as important and about as well established as obesity. We can compare the high absence individual and the obese individual very nicely. Stout people tend to remain stout and slender people tend to remain slender. However, in most instances obesity is a curable or a preventable disease. People can diet, although often they don't want to diet. High absence is about the same sort of situation. A great deal can be done about it. Again, like obesity, many of the high-absence people are not willing to do anything about it. An analysis of high-absence cases shows that the disabilities are not as were formerly believed, limited to one type of systematic disease. In the past, we had the notion that the individual frequently absent was somebody who had bad sinuses or chronic bronchitis or migraine headaches, and that was the problem. Now, as we've studied our cases, we find that this is not the situation as a rule. We find that all systems are involved; we find that individuals who have the most minor illness also have the most major illness and that the individuals who have the highest sickness absence also have the highest number of accidents. I might add that in this same high-absence group we have most of the administrative problems. So identifying the high-absence people is an excellent way of identifying the problem cases that we have in industry.

My final conclusion is that in the practice of occupational medicine and in personnel work, an understanding of sickness absence has great value as it pertains to both the employee group and to the individual. There is much evidence that cooperative medical and administrative management of high-absence employees, particularly with an effort toward improving their environmental relationships, is highly rewarding in terms of improving employee health and in turn increasing productivity of the company. The control of excess absence represents a challenge to management, to the supervisor, to the physician and to the individual. ■

Alcoholism (*Continued from page* 15)

visors and co-workers so that they will cover up for them and also that many members of management will deny the presence of alcoholics on the payroll.

The question arises, "What price alcoholics?" I have tried to realize for myself what an annual loss of one billion dollars means. I find it hard to conceptualize this unless I translate this sum into more familiar terms. Doing this now I recognize that this sum of one billion dollars represents the price of 40,000 nice homes or 400,000 automobiles or 4 million TV sets or 40 million hours of psychotherapy or psychoanalysis. And that is twice as much therapy time as there is theoretically available in the entire United States in the period of one year.

Unfortunately, psychiatrists have not as yet been too easily available for the treatment of alcoholics. But I am also forced to state that business and industry has as yet made relatively few quantitative demands on psychiatrists for treatment of its alcoholics. Industrial psychiatric facilities for alcoholics are few but very successful. More are needed, however. The sooner the better. But what about workers with emotional or mental problems other than alcoholism? If there are two million alcoholics in your companies, I shudder when I try to make a guess at the numbers of neurotics with disabling disorders or those who suffer from severe character problems. And they need help too. Can they afford it? Who sees them? Are they insured for this kind of thing?

It seems to me that we need industrial centers for psychotherapy. I sincerely believe that it makes good sense and that this investment could pay handsome dividends in the troublesome and somewhat nebulous field of human relations in industry. The idea of mental health centers for industry is not new. England has had them ever since World War II. Let me advance an urgent suggestion to you members of management: Right now there exists psychiatric clinics sponsored by labor. I only mention the one in St. Louis as an example. Moreover, right now, the National Institute of Labor Education is canvassing our universities in preparation of an extensive program of mental health research, education and training.

A grant from the National Institute for Mental Health makes this possible and larger grants have been promised for the future.

It is late but it is not yet too late for management to pay heed to a possible and to me inevitable future trend in business and industry. I refer to the possible demand on you by the unions for support of facilities of psychiatric rehabilitation of alcoholics and workers with other emotional problems. Certainly management must lead the way before the initiative is taken out of management's hands. ■

The following revisions are published in accordance with the By-Laws:
Please submit your suggestions, corrections, objections, in writing—to the National Director for your Chapter before September 10th if possible.
Note: Deleted language is in italics, proposed revisions are in bold face.

International

CONSTITUTION AND BY-LAWS

(Including Proposed Revisions)

of the Society for the Advancement of Management, Inc.
74 Fifth Avenue, New York 11, New York

CONSTITUTION

TEXT

I. Name

The name of this Society will be SOCIETY FOR THE ADVANCEMENT OF MANAGEMENT, INC.

II. Purpose

The purposes of this Society, as stated in its Charter, are:

Through research, discussion, publication, and other appropriate means to conduct and promote scientific study of the principles governing organized effort in industrial and economic life, including both labor and management; and to impart to the public information concerning said principles and their various applications for the general betterment of society, particularly by, but not limited to, elimination of unnecessary effort and unduly burdensome toil.

III. Territory

The geographical extent of this Society shall be *national, and may be* international **to the extent** *as shall be* determined by the Board of Directors.

IV. Members

The members of this Society shall consist of the members in good standing as of December 31, 1935, of the Taylor Society Incorporated (A membership corporation of the State of New York), and of the Society of Industrial Engineers (A membership corporation of the District of Columbia), and of such additional members as shall thereafter be admitted in the manner prescribed in the By-Laws.

V. Government

The affairs of the Society, including the control of its property and appropriation of its funds, shall be administered by a Board of *Directors* **Governors** whose election shall be as prescribed by the By-Laws, **but shall include at least one member from every senior chapter.**

VI. Amendments

This Constitution may be amended by affirmative vote of two-thirds of the Board of *Directors* **Governors** voting in person or by mail at any regular or special meeting of *the* **that** Board, provided the proposed amendment shall have been considered at a previous meeting of the Board, and shall have been published in any general publication of the Society sent to all members at least sixty days prior to the meeting of the Board at which final vote on the amendment is taken.

BY-LAWS

I. Membership

Applicants for membership in the Society shall be endorsed by three members and shall present qualifications satisfactory to the Board of Directors and to any local chapter to which they may apply for affiliation. Applicants not personally known to the necessary number of members may be admitted to membership provided they can give sufficient evidence to the *National* Board of Directors that they are worthy applicants. Any applicant once admitted to membership in the Society shall continue to enjoy the rights and privileges of his respective class of membership in consideration of his payment of annual dues and proper satisfaction of his other responsibilities to the Society.

a. Regular Member **and Membership Based on Management Responsibility**

Executives, administrators and professionals, who consistently exercise independent judgment in business, governmental department or agency, institution or college, consulting firm, or equivalent, may be admitted as Members, e.g. managers of the establishment or of a recognized department or subdivision thereof, persons who perform responsible office or field work directly related to management policies or general business operations along specialized or technical lines, or those whose work requires knowledge of advanced type in the field of science or learning customarily acquired by a prolonged course of specialized study.

Any chapter may establish a top management, general management or middle management form of membership based upon a standard description of the pressures and responsibilities resting upon the manager eligible for such class of membership; such specifications being subject to approval by the Board of Directors. Although the dues for any such class of members shall not differ from the regular members' dues, a surcharge connected with such special membership may be established by the chapter, subject to approval by the Board of Directors, in order to cover the cost of special services to these specialized groups. This additional surcharge allocated between chapter and international budgets as may be later agreed, may be collected by the international billing operation when the chapter so desires.

b. Professorial & Civic

Professorial — Administrators and faculty members of non-profit educational Institutions who function in a capacity that directly influences the development and preparation of others for assuming responsible positions in one or more of the several areas of scientific management.

Civic — Executives, administrators, and professionals who hold responsible positions directly in Federal, State or local government or other non-profit civic organizations, or individuals who in preparation for assignment to such positions, and who are required to have had extensive education, training or experience or some combination thereof, which qualifies them to exercise independent judgment in the application of the principles, theories, and techniques of scientific management in government administration or civic affairs.

c. Junior Member

Graduates of an accredited college of management or specialized area of management, or individuals active in the art and science of management with 5 years experience and not over 30 years of age may be admitted as Junior Members.

d. Firm Member

Any firm, association or organization which is interested in the advancement of the science and art of management may be admitted as a Firm Member. Such a member may designate at least two representatives (who may be changed from time to time at the firm's discretion) each of whom shall enjoy all of the privileges of a member, provided he meets the same qualifications as are required for individual membership.

e. Life Member

Any member may become a Life Member who has prepaid all dues by the payment of $250. Life Membership shall be awarded to each member of the Society who has reached the age of sixty-five years and has been a member of the Society for Advancement of Management for a continuous period of at least twenty years, which may include prior membership in other Societies formally merged into the Society for the Advancement of Management. Life Members shall be exempt from payment of annual dues. A Life Member shall receive, on this promotion, a Certificate of Life Membership.

f. Student Member

Any regularly enrolled student of management or specialized area of management in any school of collegiate rank may become a member of a student chapter upon recommendation of the student faculty advisor of that chapter and upon approval of the *Vice President of Student Chapters* **President, University Division.**

g. Fellow

Any member, upon the petition of his Chapter Board of Directors or the *National* **International** Board of Directors, may be elected a Fellow for contribution to the advancement of management through activities in the Society, by an affirmative vote at a *National* **an international** Board Meeting after he has met the qualifications listed below:

1. Has been a member of the Society for ten years and,
2. has been an elected **international** *National* Officer, **Regional Vice President,** or an appointed **international** *National* Vice President, or a Chapter President who has served the **international** *National* as an Officer, Director or Chairman of a major committee and,
3. has served as **an international** *a National* or Chapter Officer (elective or appointive) for five years.

h. Honorary Member

Executives administrators and professionals, who have rendered exceptionally distinguished service to the advancement of the science and art of managment, may be designated Honorary Members by a two-thirds affirmative vote at a *National Board* meeting **of the international Board of Governors.**

i. Membership Grade

The Grade of any present member need not be reduced through these definitions.

II. Entrance Fees

Application for membership shall be accompanied by entrance fees, as follows:

	U.S.A. & Resident Canada	Elsewhere
Regular Member, Professorial & Civic Member, Junior Member, Firm Member	$5.00	$2.50
Student Member	None	None

If applicant is not accepted such fee will be returned.

A member of any grade advanced or transferred from another grade, shall not be required to pay an additional entrance fee.

III. Annual Dues

Annual Dues include an allocation of $4.00, for the official publication of the Society, Advanced Management, which is non-deductible and shall be payable in advance as follows:

	Resident U.S.A. & Canada	Elsewhere
Regular Member	$25.00	$12.50
Professorial & Civic Member	15.00	7.50
Junior Member	12.50	6.25
Firm Member (for minimum of two representatives)	50.00	25.00
Additional Firm Representative	25.00	12.50
Student Member (See below)	4.00	——

From July 1, 1947, the Annual Dues of Student Members shall be fixed by the Board of Directors but such dues shall not be fixed in amount greater than $5.00.

A new member shall pay the full entrance fee at the time of application, **and the full annual dues not later than ninety days after his election into membership, although he may pay both concurrently.**

IV. Chapters

With the approval of the *Board of Directors* **Executive Committee** a group of not less than twenty-five individual members in any locality may organize a local or Student Chapter under conditions prescribed by the Board of Directors.

The Board of *Directors* **Governors** may revoke the charter of a chapter for sufficient cause, including, but not limited to, lack of activity. **The Board of Directors shall determine procedures to safeguard the funds and meet the obligations of dormant or terminated chapters.**

The Board of Directors shall determine the amount of the Society's dues and other receipts which the Treasurer shall remit to local chapters for the conduct of their activities.

V. International Board of Governors

The Board of Governors shall consist of the Elected Officers, the Regional Vice Presidents and one Governor designated by each Senior Chapter.

VI. Board of Directors

The Board of Directors shall consist of **the Chairman,** President, *First* **Executive** Vice President, *Second Vice President, Secretary, Treasurer, a representative of each of the duly authorized local chapters, and the retiring President,* **five elected Vice Presidents, and all Regional Vice Presidents, whose duties and responsibilities shall be established by the President.** *The Representatives of the Chapters shall be designated by the Chapters, and their names shall be transmitted to the Secretary of the Society by May 1 of each year and they shall take office on July 1. The retiring President shall act as Chairman of the Board and shall hold this office until such time as there is another change in the presidency when he shall relinquish it to the newly retiring president.*

Directors who are or were elected National Officers — namely the President, First Vice President, Second Vice President, Secretary, Treasurer. **The** Chairman of the Board **of Governors shall be** the most recent past president. **The Board** shall serve for a one year term and thereafter until their respective successors shall have been elected and installed. *Directors* **Governors** who are elected to represent local chapters serve for a term of three years and theraften until their respective successors shall have presented their credentials to the Secretary. The terms of approximately one third of the Directors elected to represent local chapters shall expire at the end of each successive society fiscal year.

There shall be **at least** one meeting **annually** of *all National Directors of the Chapters* **the Board of Governors** *in April,* for budget and policy considerations; and there shall be periodic meetings of the *National Executive Committee* **Board of Directors** throughout the fiscal year — *to be composed primarily of the elected National Officers and the elected Regional Vice Presidents.*

At any meeting of the Board **of Directors** the personal presence of ten members **or their alternates as provided** shall constitute a quorum. All questions except as otherwise required by Statute; or by the Constitution, or by these By-Laws, shall be determined by a majority of those present and voting.

Each *Director* **Governor** or accredited Alternate present shall be entitled to vote for the local chapter in good standing which he represents. The *Director* **Governor** or accredited Alternate shall be a member in good standing of the Chapter he represents. When the Board of **Governors** votes to determine membership dues, fix chapter rebates, or to authorize the Annual Budget, the vote of each chapter represented shall be weighted in proportion to the number of dues paying members in good standing in his chapter according to the last published official count. **Members of the Executive and Directors Committees who are not Governors of Chapters may not vote on these items.**

VII. Executive Committee

The Board of Directors may select annually from amongst themselves an Executive Committee of ten or more, and may delegate to the Executive Committee authority to exercise any or all of the powers of the Board of Directors, except the power to amend the Constitution and By-Laws, while the Board of Directors is not in session. The Executive Committee shall in principle be so chosen as to consider the composition of and to represent the Society's membership, giving consideration to large and small chapters, geographical distribution of chapters and functional interests of members. Continuity shall be provided for on the Executive Committee, as it has been on the Board. Vacancies in the membership of the Committee shall be filled by the president from among the members of the Board, but such appointed members of the committee shall serve only until the next regular or special meeting of the Board.

The Executive Committee shall consist of the eight elected International Officers.

A majority of the Executive Committee shall constitute a quorum. All questions shall be decided by a majority of the Committee present.

The Executive Committee shall keep minutes of its proceedings and send copies thereof to each member of the Board of Directors promptly after each meeting. **If Executive Committee action is by phone or wire, a confirming memo shall be sent to the Board of Directors by the Executive Director or Executive Vice President.**

VIII. Awards

The Board of Directors of the Society may establish such awards to local chapters of the Society and to individuals as it shall deem fit to honor. The basis for making such awards shall be determined by the Board of Directors.

IX. Officers

The *principal* elected Officers of the Society shall be the **Chairman,** President, *First* **Executive** Vice President, *Second Vice President, Secretary and Treasurer,* **and five Vice Presidents,** who shall be nominated and elected by the Board of *Directors* **Governors** as follows: *In the fall* — A Nominating Committee of five voting members of the Society in good standing shall be chosen by the **Board of Governors.** No two of *whom* **them** shall be members of the same local chapter. The Chairman of *which* **this** committee shall be the most recent consenting past President and two members **shall** be elected from among the *National Directors* **Board of Governors** or their accredited Alternates. **The Executive Director shall be a non-voting Ex Officio member of the Nominating Committee.** This Committee shall nominate candidates for the office of **Chairman,** President, *First* **Executive** Vice President, *Second Vice President, Secretary and Treasurer,* **and five Vice Presidents.** The Committee shall transmit names of consenting nominees to the *Secretary* **Executive Director** by February *1* **15** and *the Secretary* he shall publish such nominations in any general publication of the Society sent to all members at least ten days prior to the **next** regular *Spring* meeting of the Board **of Governors.** At *the* **that** Spring Meeting, at which any ten *Directors* **Governors** may propose other nominees, the Board **of Governors** will elect the Society's officers to serve for one year from and after July 1st, and until their successors shall have been chosen and qualified.

The Regional Vice President for each Region shall be elected by the various Chapters in that Region, and shall serve such a term as may be determined by the Chapters he serves. Regions are encouraged to elect an Alternate Regional Vice President who will likely replace the incumbent Regional Vice President so that the Alternate may attend Directors meetings if necessary and so that an orderly continuity to Regional affairs is provided.

Regional boundaries shall be established and shall be revised as necessary by the Board of Governors.

The President may appoint such divisional vice-presidents, assistant secretaries, assistant treasurers, and other subordinate officers and hire such employees as may be necessary to carry on the business of the Society. The employment and compensation of the Executive *Vice President,* **Director, who shall be a non-voting officer** of the Society, will be determined by a Committee comprised of the President, **Executive** *First* Vice President, Chairman of the Board, and the two immediate consenting past Board Chairmen.

The officers shall perform the customary duties pertaining to their respective offices and as otherwise required by the Board of *Directors* **Governors.** Any officer may be relieved of his duties or removed from office **only** by the Board of **Directors.**

X. Audit of Accounts

The Board of Directors shall engage a certified public accountant or a firm of certified public accountants, to audit the accounts of the **Vice President and** Treasurer at least once a year; and to present a certified statement to the Board of *Directors* **Governors** showing the financial condition of the Society as at the end of the fiscal year.

XI. Amendments

These By-Laws may be amended by a majority of the Board of *Directors* **Governors or their Alternates** voting in person or by mail at any regular or special meeting of *the* **that** Board, provided the proposed amendment shall have been considered at a previous meeting of the Board **of Directors** *or the Executive Committee,* and shall have been published in any general publication of the Society and sent to all members *at least* **approximately** sixty days prior to the meeting of the *Board* **Governors** at which final vote on the amendment is taken.

Time has brought decisive progress in the fight against cancer. Ten years ago one in four persons with cancer was saved. Today it's one in three. But time alone will not conquer cancer. Time plus research will. And research needs your dollars. Send your contribution today to "Cancer," c/o your local post office.

AMERICAN CANCER SOCIETY

S.A.M. News and Notes:

Name 15 Regional Vice Presidents

FIFTEEN regional vice presidents have been appointed to coordinate the activities of the Society for Advancement of Management on a regional basis during 1960-61, S.A.M. President James E. Newsome announced recently.

The new vice presidents and their companies, listed by region, are:

Midwestern: William A. Barker, Granite City Engineer Depot.

New England: Louis C. Chase, Louis C. Chase Associates.

Northern California: Homer T. Craig, Homer T. Craig & Staff, Inc.

Southern: Kermit W. Day, U.S. Redstone Arsenal.

Southeastern: Edward Deacon, Industrial Vending Company.

Central Atlantic: Victor Gelin, E. I. du Pont de Nemours & Company.

Central: William R. Herman, American Steel & Wire Company.

Northwestern: Lawrence B. Jack, British Columbia Electric Company Ltd.

Canadian: Thomas H. McCormack, Controls Company of Canada.

North Central: William Meskan, Ethicon Suture Laboratories, Inc.

Metropolitan New York: Donald Miller, I.B.M. Corporation.

Pennsylvania State: Charles H. Peters, Raybestos-Manhattan Corporation.

Southern California: Robert Twombly, Oates Products Co.

New York State: Douglas Woodruff, Aubur Plastics, Inc.

North Atlantic: W. Clements Zinck, Arbogast & Bastian, Inc.

S.A.M. Chairman D. L. Bibby has been promoted to the post of president of Remington Rand Division, Sperry Rand Corp. He was formerly executive vice president.

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Through your bookseller
UNIVERSITY OF Chicago PRESS 5750 Ellis Avenue, Chicago 37, Illinois
IN CANADA: *The University of Toronto Press, Toronto 5, Ontario*

One of the 25 new student chapters which received charters during the past year was the group at Northwestern University in Chicago. Shown at the charter presentation ceremony are, left to right: Fred Wenzel, secretary; Gene Urban, vice president; J. Alan Ofner, Chicago Chapter student coordinator; Tom McPherson, president; Prof. Sidney Phillips, faculty advisor; and Dan Hess, treasurer.

Professor Jack Holland (left), faculty adviso of the San Jose State College student chapter, presents the Hamilton Watch Award to David V. Nielson, past president of the student group.

University Division News: Hamilton Awards

By HAROLD FISCHER, President

A DYNAMIC CHAPTER with a broad program of activities and expanding services to its members, will experience a significant growth in membership. The University Division desires to recognize this accomplishment. The "World's First Electric Watch" was awarded by the Hamilton Watch Company, Lancaster, Pa., to several outstanding University Chapters in recognition of their significant growth in membership during the 1959-1960 academic year.

We are indebted to the Hamilton Watch Company for their splendid cooperation. This award has become a powerful motivating force in the operation of the University Division, and is an indication of the company's interest in the advancement of management education.

Hamilton Watch Award is presented by Xavier University president, the Very Rev. Paul L. O'Connor, S. J. to Stanley Peter (right), president of the student chapter. Looking on at left is Robert Albanese, faculty moderator.

11,900 Membership

During the academic year, the University Division continued its movement forward and its growth in membership. Over 11,900 members were enrolled while 25 new chapters were chartered, bringing the total to 178 chapters in leading colleges and universities in the United States (including our fiftieth state, Hawaii), Canada, and Puerto Rico.

Joseph Norton (r), president of the Louisiana State University Student Chapter, is congratulated by faculty advisor Leon C. Megginson.

At the University of Maryland, Walter Phillips (right), outgoing president of the student chapter, receives the Hamilton Watch Award from Professor Wilmer A. Watrous, faculty advisor.

Dr. Thomas L. Norton (center), Dean of New York University's School of Commerce, presents the Hamilton Award to N.Y.U.'s Day Division chapter, S.A.M. Others from left are: Dr. William M. Berliner, faculty advisor; David Duchin, chairman of the membership committee; William K. Bethauser, chapter president; and Dr. John R. Beishline, chairman of the school's Department of Management.

Reminder: Special meetings for University Chapter officers and members will be held at the Annual SAM Fall Conference, October 28 (2-4:30 p.m.) at New York's Hotel Biltmore.